



**Afro-Asian Parliamentarians' Dialogue on
Population, Health and Community Capacity Building
for Sustainable Development
Toward TICAD IV and G8 Summit in 2008**



Asian Population and Development Association
Asian Forum of Parliamentarians on Population and Development



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28 August-1 September, 2007

Tokyo and Gunma, Japan

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—Meeting—**

28 - 29 August, 2007

Tokyo, Japan

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– Meeting –**



**28 – 29 August 2007
Tokyo, Japan**



Organized by: Asian Population and Development Association (APDA) &
Asian Forum of Parliamentarians on Population and Development (AFPPD)
Supported by: United Nations Population Fund (UNFPA) &
Ministry of Foreign Affairs of Japan (MOFA)
In cooperation with: Japan Parliamentarians Federation for Population (JPFP) &
The Japan-African Union (AU) Parliamentary Friendship League

Tuesday, 28 Aug. 2007 (Meeting Day 1)

<Room "Orizuru Yu", Arcade Floor, The Main Bldg., Hotel New Otani>

09:00-09:30	<p>Registration <Room "Orizuru Yu", Arcade Floor, The Main Bldg.></p>
09:30-10:20	<p>Opening Ceremony Opening Address</p> <ul style="list-style-type: none"> • Mr. Yasuo Fukuda, MP, Chairperson of APDA/AFPPD/JPFP (Japan) <p>Address</p> <ul style="list-style-type: none"> • Mr. Yoshiro Mori, MP, Chairperson of the Japan-African Union (AU) Parliamentary Friendship League/Former Prime Minister of Japan (Read by Ms. Chieko Nohno, MP, Vice-Chairperson of JPFP) • Ms. Khira Lagha Ben Fadhel, MP, President of FAAPPD (Tunisia) • Mr. Katori Teruyuki, Counsellor of Minister's Secretariat, Ministry of Health, Labour and Welfare of Japan • Mr. Yoshio Kobayashi Vice-Minister of Ministry of Agriculture, Forestry and Fisheries of Japan (Read by Mr. Takashi Ohno, Director of International Cooperation Division, International Affairs Department, Ministry of Agriculture, Forestry and Fisheries of Japan) • Ms. Fama Hane-Ba, Director of UNFPA Africa Division • Mr. Tewodros Melesse, Regional Director of IPPF Africa Regional Office
10:20-10:30	Group Photo

10:30-11:00	<p>Keynote Speech "Japanese International Cooperation in the Framework of TICAD IV and G8 in 2008"</p> <ul style="list-style-type: none"> • Mr. Koji Tsuruoka, Ambassador, Director-General for Global Issues, Ministry of Foreign Affairs of Japan
11:00-11:30	Coffee Break
11:30-12:30	<p>Session I "Achievements and Challenges of G8 Parliamentarians' Conference in Berlin and 2007 G8 Summit in Heiligendamm"</p> <ul style="list-style-type: none"> • Ms. Birute Vesaite, MP, EPF Executive Committee Member (Lithuania) <p>Discussion</p> <ul style="list-style-type: none"> • Chair: Mr. Yasuo Fukuda, MP, Chairperson of APDA/AFPPD/JPPF (Japan)
12:30-14:00	Lunch Reception Hosted by JPPF Chairperson <Room "Orizuru Sho", Arcade Floor, The Main Bldg.>
14:00-15:00	<p>Session II "Toward Sustainable Development of Agriculture in Asia and Africa under Increasing Population and Decreasing Resources— with Emphasis on Rice Farming—"</p> <ul style="list-style-type: none"> • Dr. Takeshi Horie, President of National Agriculture and Food Research Organization (NARO) (Japan) <p>Discussion</p> <ul style="list-style-type: none"> • Chair: Dr. Myoung Ock Ahn, MP (Korea)
15:00-15:30	Coffee Break
15:30-17:00	<p>Session III "Rural Development, Health and Population Issues in Japan"</p> <ol style="list-style-type: none"> 1. "Demographic Transition and Social and Economic Development: The Case of Japan" <ul style="list-style-type: none"> • Dr. Makoto Atoh, Professor of Waseda University (Japan) 2. "Community-Based Approaches to Infectious Diseases" <ul style="list-style-type: none"> • Dr. Hidesuke Shimizu, Honorary Professor of Jikei University School of Medicine (Japan) 3. "Community Development and Rural Life Improvement in Postwar Japan" <ul style="list-style-type: none"> • Ms. Kayoko Shimizu, Vice-Chairperson of APDA (Japan) <p>Discussion</p> <ul style="list-style-type: none"> • Chair: Mr. Tuang Untachai, MP (Thailand)
	<End of Conference Day 1>
18:30-20:00	Dinner Reception Hosted by APDA Chairperson <Room "Orizuru Sho", Arcade Floor, The Main Bldg.>

20:00-22:00	<p>Drafting Committee Meeting</p> <p><Room "Orizuru Yu", Arcade Floor, The Main Bldg.></p> <p><i>Working language: English only</i></p>
<p>Wednesday, 29 Aug. 2007 (Meeting Day 2)</p> <p><Room "Orizuru Yu", Arcade Floor, The Main Bldg., Hotel New Otani></p>	
09:30-11:00	<p>Session IV "Population, Reproductive Health/Rights and Public Health Issues"</p> <ol style="list-style-type: none"> 1. "Population Policy, Reproductive Health/Rights and Demographic Transition" <ul style="list-style-type: none"> • Dr. Nguyen Van Tien, MP (Vietnam) 2. "Impact of HIV/AIDS on Women and Children in Thailand" <ul style="list-style-type: none"> • Mr. Tuang Untachai, MP (Thailand) 3. "HIV/AIDS Prevention and Its Obstacles" <ul style="list-style-type: none"> • Dr. Chris Baryomunsi, MP (Uganda) 4. "Impact of Population and Reproductive Health on Community Development in Africa" <ul style="list-style-type: none"> • Mr. Ali Issa Abbas, MP (Chad) <p>Discussion</p> <ul style="list-style-type: none"> • Chair: Mr. El hadji Malik Diop, MP (Senegal)
11:00-11:30	Coffee Break
11:30-13:00	<p>Session V "Sustainable Development and Capacity Building"</p> <ol style="list-style-type: none"> 1. "Inter-relation of Primary Education and TFR: A Case Study in India" <ul style="list-style-type: none"> • Dr. Jagannath Mandha, MP (India) 2. "Income Generation for Rural Women" <ul style="list-style-type: none"> • Mr. Li Honggui, MP (China) 3. "How to Empower Women: Elimination of Violence Against Women" <ul style="list-style-type: none"> • Ms. Emma Boona, MP (Uganda) <p>Discussion</p> <ul style="list-style-type: none"> • Chair: Dr. Nguyen Van Tien, MP (Vietnam)
13:00-14:30	<p>Lunch Reception Hosted by AFPPD</p> <p><Room "Orizuru Sho", Arcade Floor, The Main Bldg.></p>
14:30-16:00	<p>Session VI "Panel Discussion: Focus on Afro-Asian Cooperation"</p> <ul style="list-style-type: none"> • Chair: Ms. Khira Lagha Ben Fadhel, President of FAAPPD (Tunisia) • Panelists : <ul style="list-style-type: none"> • Dr. Donya Aziz, MP (Pakistan) <p><Developing Parliamentarians-Good Governance Cooperation></p>

	<ul style="list-style-type: none"> • Mr. Tewodros Melesse, Regional Director of IPPF Africa Regional Office <Civil Society Experiences & Initiatives> • Mr. Harry S. Jooseery, Executive Director of Partners in Population and Development <South-to-South Cooperation: What it has achieved> • Mr. Takeshi Osuga, Director of Global Issues Cooperation Division, International Cooperation Bureau, Ministry of Foreign Affairs of Japan <Asian contributions for African Development> <p>Discussion</p>
16:00-16:30	Coffee Break
16:30-17:00	<p>Discussion on Draft Statement of Commitment toward TICAD IV and 2008 G8 Summit</p> <ul style="list-style-type: none"> • Chair: Dr. Peter David Machungwa, MP, Chairperson of Zambian Parliamentary Network on Population & Development (Zambia)
17:00-17:30	<p>Closing Ceremony</p> <p>Address</p> <ul style="list-style-type: none"> • Mr. Sultan A. Aziz, Director of Asia and the Pacific Division, UNFPA • Mr. Yasuo Fukuda, MP, Chairperson of APDA/AFPPD/JFPF (Japan)
	<End of Conference Day 2>
18:30-20:00	<p>Dinner Reception Hosted by AFPPD</p> <p><Room "Orizuru Sho", Arcade Floor, The Main Bldg.></p>

Opening Address

Mr. Yasuo Fukuda, MP (Japan)
Chairperson of APDA/AFPPD/JFPF

I welcome all of you most sincerely to the Afro-Asian Parliamentarians' Meeting as well as to the study tour. Next year Japan will be hosting the G8 Summit and the 4th Tokyo International Conference on African Development (TICAD IV), both important for Japan and for thinking of the development issues around the world.

As you may know, the G8 Heiligendamm Summit 2007 held in Germany this summer addressed "world economy" and "African development" under the general theme of "Growth and Responsibility". It is most likely that this basic line will be continued at the G8 Summit of 2008 in Japan. And since TICAD will be held in the same year, the government is expected to direct its aid mainly to African development.

The purpose of the conference and the study tour for which you have joined us, is to discuss the population issue which is crucial to resolving the development problems in Africa and to invite representatives to share experiences of Japan, Asia and Africa which will have important bearing on solving the population problems and through that we will learn from each other. Furthermore, it is hoped that you will take the fruits of your discussion at the conference to the attention of your respective governments, and reflect them in the opinions of the national delegations to the TICAD. For our part, as the host country of both G8 and TICAD IV, we will actively present the case of our discussion at the conference and the results of the study tour during the preparatory process. By so doing I believe that our conference will have an important meaning for TICAD IV and the G8 Summit.

Climate change and African problems which were the themes of the 2007 G8 Summit are global issues, however, they relate very closely to population issues. Needless to say, we cannot reduce the environmental burden as long as the population continues to rapidly grow. It follows, therefore, that the challenges of "climate change" and "global warming" cannot be met without resolving the population issue. Generally speaking, what we refer to as the African problem is a complex combination of poverty, new infectious diseases such as HIV/AIDS, recurrent infectious diseases such as tuberculosis, Malaria and Dengue fever, and environmental

degradation. All of these are profoundly related to population.

Today, the population in Africa, particularly in sub-Saharan countries, is rapidly growing. As a result, we see not only the size of population, but also its density, growing in each country. It is not widely recognized, however, that population increase is one of the major causes of the expansion of infectious diseases, which is of course a serious problem in Africa. The population increase Africa is experiencing today will result in high population growth and high population density. This will be Africa's first experience throughout its history. How will Africa deal with the environmental burden that the population increase will cause? Africa today must deal with this new found condition.

In this global age, problems created in Africa will impact the whole world in no time. For all of us inhabiting the planet earth, there is no longer a problem that you can say is other people's. In this sense, Africa's problem is Asia's problem and a global problem that we share. It is only the Africans who can resolve this problem. It is only with the efforts of the people of Africa that the resolution will be found. Meeting an unprecedented challenge, and finding a solution will require a strong will and effort on the part of Africans. We parliamentarians from Asia and Japan wish to support you in your efforts as much as possible.



The Asian region, including Japan, has always had a high population density. Therefore we have learned ways to cope and live with it. It is this determination that has created the foundation of our Asian culture which resulted in a successful demographic transition. We truly wish the conference and the post conference study tour will give you a chance to find new possibilities for successful African development, having heard the Asian as well as the Japanese experience.

As politicians we are dedicated to the happiness of every person. I am sure that all of us here, addressing the essential tasks of population and development, are determined to resolve the problems they invoke for the future of humankind as well as for each individual, share the vision of building a “world where life is respected and each individual dignity is protected”.

As elected representatives of the people, we parliamentarians must identify what we must do with the people for the people. Without these efforts there can be no future. I look forward to having an active discussion with all of you and wish you a pleasant stay in our country.

Address

Mr. Yoshiro Mori, MP (Japan)

Chairperson of the Japan-African Union (AU) Parliamentary Friendship League/

Former Prime Minister of Japan

Read by

Ms. Chieko Nohno, MP (Japan)

Vice-Chairperson of JFPF/Former Minister of Justice

I have the pleasure to read the message of Mr. Yoshiro Mori, the former Prime Minister of Japan. I am very pleased that you are convening this dialogue. Japan, as you know, will be hosting the G8 Summit and the 4th Tokyo International Conference on African Development (TICAD IV). I am so pleased that, before these two significant events, you should convene at this important conference co-hosted by APDA and AFPPD.

Today, it is our shared perspective that Africa's problems are the world's problems. They are our problems that must be tackled together by all of us living at this time on the same Earth. Among Africa's problems, infectious diseases have global implications beyond Africa. The 20th Century was the century of science. Medical science has advanced and we have been able to control many epidemics. Many of us believe that eventually infectious diseases will be controlled at the global level.

However, due to the increase of population, people now live in areas that have not been lived in before. As a result, we now are threatened with diseases that were not imagined earlier, such as AIDS and the Ebola fever virus in Africa, and the Nipah virus and SARS here in Asia. This was a great shock to us, who believe that science can help us control everything. We have had cold water poured on us. In recognition of the huge impact these infectious diseases will have on a global community, during the Kyushu Okinawa Summit, when I was serving as Japan's Prime Minister, we called on our partners to set up the global fund for AIDS, Tuberculosis, and Malaria. This fund, titled the Global Fund, was set up in 2002. I am extremely pleased that as someone who had initiated this Global Fund, it is operating effectively and is achieving results.

I understand that one of the objectives of the conference is to transfer post-war Japanese efforts and Asian experiences to Africa. I believe there are two essential factors in resolving the problems of today's Africa. One is the stabilization of population that the Honourable Fukuda is

committed to. And the other is to be able to feed people. In rising from the ruins of World War II, Japan was able to control the population increase as well as overcome hunger. Of course we received all kinds of support from nations around the world. But basically Japan is what it is today because every single Japanese worked hard for it. At the base of these efforts lie a tradition, culture and lifestyle that our forefathers have developed over generations. If we are to succeed in stabilizing population in Africa and ending hunger, it depends on whether we can successfully learn from traditional wisdom and innovative efforts.

Recognizing the importance of the African issues, I am serving now as the Chairperson of Japan African Union Parliamentary Friendship League. I am happy to learn that the objective of this conference is what I personally believe in, namely the sharing of traditional wisdom found in Japan and other Asian countries. Efforts we make today are our responsibilities for our children and grandchildren. I am convinced that there is no problem that we can call other peoples' problem. Each one of us brings together wisdom and does our part to tackle the problems. Otherwise we will not be able to create a bright future. The efforts we make today are our responsibility and obligation to our own children and grandchildren.

I am convinced that the conference and the study tour will play a large role towards resolving African problems and building cooperative relations across countries. I am sure that your earnest deliberations will be a point of departure for developing Africa's future. I pray for the success of your conference. Thank you.

Address

Ms. Khira Lagha Ben Fadhel, MP (Tunisia)

President of FAAPPD

First of all, on behalf of the FAAPPD and on my behalf, I would like to start my speech by paying my respects to his majesty, the Emperor of Japan. I would like to express my respect to the APDA and AFPPD and to the government and the people of Japan for the generous hospitality extended to us.

I would like to share my joy and sense of gratitude for being invited here to join you. I am gratified to be invited to participate in the exchange of deliberations. From the bottom of my heart I would like to pay my respects for all the efforts made by Japan, the nation of the rising sun. Rising sun does imply the leapfrog development Japan has achieved. The people have made a dynamic and ambitious development and Japan is a symbol of industrial development, one of the major powers of the world.

I would like to thank AFPPD, which is a sister-organization. I feel very happy to be able to collaborate together. AFPPD is a wonderful midwife. It has brought life into FAAPPD after the IPCD that took place in Cairo in 1994. I also have tremendous gratitude to UNFPA for the constant finance that FAAPPD receives. Due to the generous financial contribution, we are able to be here today. We are greatly honoured to be part of this dialogue. It will enforce the partnership and collaboration. This is a very noble initiative by APDA and AFPPD, the co-sponsors of this conference. The proper platform for exchange and dialogue takes place on the eve of TICAD IV and G8 Summit 2008.

The parliamentarians who are present will play the bridge between the people and the executive in the administration. We will be addressing the priorities, the questions of population, of health, and for capacity building. And this will direct our direction for the achievement of the MDG objectives. I would like to recall that at Ottawa and Strasburg and Bangkok we made promises as parliamentarians to continue to have a rich dialogue to follow up and act on the pledges that we have made.

South-South Dialogue, Japan and Asia-Africa Dialogue has taken place particularly with the support of the Japanese government. We have been able to have an exemplary bilateral

collaboration through JICA covering the fields of education, health, agriculture, and access to potable drinking water. These consistent efforts have been developed due to the generous support of the Japanese government to help us find solutions to the problems of Africa.

APDA and AFPPD have played very important roles in those efforts. Thanks to the support of APDA and AFPPD, the Asian parliamentarians have sent missions to Africa. And they have been able to see the reality on the ground. In December of 2004 the Secretariat of our forum at Dakar was able to welcome the Japanese parliamentarians. They visited Senegal, Cameroon and Tunisia. Before the mission arrived in March of 2004, they had been to Zambia and South Africa. From the mission sent by the Japanese government, I believe appropriate recommendations were made that would support the efforts of our Africa. There will be a focus on population, reproductive health, poverty, and human security and approaches to HIV/AIDS. With NGOs and Japan's special trust fund, Japan is making a tremendous contribution to our fight against the population problem. It has opened up access to education and also capacity building in Africa which will help us Africans solve our own problems by ourselves.

From 2000 to 2006, FAAPPD received economic assistance from the Japanese government special fund and through UNFPA of approximately US\$ 1 million dollars. These funds have been used for activities of forums, such as the second general conference held in 2001, executive committee meeting, workshops for parliamentarians and also for publications. In 2007 the Japanese government further granted FAAPPD with US\$200,000. With that money, FAAPPD has started a survey and research which will help identify the capacity building needs outside of parliamentarians.

FAAPPD can take the leadership in creating legislation and promoting an environment conducive for implementing population and development activities. FAAPPD has been instrumental in adopting two laws. One is concerned with sexual and reproductive health and the other with HIV/AIDS. With USAID partners, eight countries have also adopted laws regarding reproductive health and nine countries have established laws concerning HIV/AIDS.

Our presence here in Tokyo will be the start of enforcing and enhancing the partnership between African and Asian parliamentarians and that our consideration will be adopted at the TICAD IV and G8 Summit. In order to achieve the objectives of the MDGs, we will need a global approach and we must have an enhanced partnership in order to have synergy of action. Thank you for your attention.

Address

Mr. Teruyuki Katori
Counsellor of Minister's Secretariat,
Ministry of Health, Labour and Welfare of Japan

First of all, I would like to pay respect to the efforts to tackle population and development issues that have been exerted by all of you. I would like to extend my appreciation to the chairperson of APDA as well as AFPPD, Honourable Fukuda, and to all of you who have exerted efforts in advancing these ideals. Today we have many parliamentarians attending from Asian and African nations. And I would like to give my best wishes to all of you who are attending this conference.

In our nation since the Meiji Era that is, for more than one century, we have had an acute growth in population. However, the birth rate is now dropping and in 2005 our aggregate population had decreased. From now on, we are shifting towards a society with a dwindling or plunging population. In the process of this dramatic demographic change, we have tried to enhance activities in health and medical care such as infectious disease countermeasures and also Social Welfare measures including pension and nursing care.

Japan has learnt from these experiences and various challenges and has imparted good practices to developing nations of the world through the international community, international organizations and various forums. We hope that we can continue to be instrumental to the efforts exerted by you in each of your nations.

We hope that this forum will produce discussions that will contribute to the G8 Tokyo Summit and the TICAD IV activities that will take place in Japan. I hope that this opportunity will bring you fruitful results during your visit to Japan. Last but not least, those of you who have organized and have worked hard to prepare for this meeting and those who have attended this meeting from afar, we wish you success and good health. Thank you for your attention.

Address

Mr. Yoshio Kobayashi

Vice-Minister of Ministry of Agriculture, Forestry and Fisheries of Japan

Read by

Mr. Takashi Ohno

Director of International Cooperation Division, International Affairs

Department, Ministry of Agriculture, Forestry and Fisheries of Japan

Under the auspices of Chairperson Honourable Fukuda, APDA has undertaken research on social development activities. Especially in the forestry and agriculture field, poverty reduction and rural development in Asian countries has benefited greatly from the suggestions given through all this thorough research. Also, the co-organizer AFPPD has committed to working closely with the Asian Parliamentarians on population issues that have diversified, and I would like to acknowledge our appreciation of your efforts for the resolution of the population issues.

To tackle global issues such as environment degradation, infectious disease, energy and the like we have to resolve the population issue, which will help create stable food production levels. In Africa, people suffer from food shortages and the ensuing hunger and famine issues have become very serious. Forestry and agriculture is the major economic business of developing countries and in order to alleviate poverty, it is very important that forestry and agricultural development are accelerated.

Under these circumstances, we hope that the efforts of Asia and Japan can be shared with Africa to increase sustainable development in Africa and enhance the mutual cooperation between Asia and Africa. I believe that this forum is wonderful timing to do that.

Our Ministry will be supporting the TICAD IV and G8 Summit. By sending more experts to the rural areas of Africa and Asia, we would like to promote agricultural activities, and we would like to tackle those common issues that we have throughout the region. We hope that our friendship with the Asian-African countries and Japan will be further promoted. And I would like to wish success to all the participants of this forum.

Address

Ms. Fama Hane-Ba

Director of African Division, UNFPA

It is with great pleasure that I join you here today to take part in the Afro-Asian Parliamentary Dialogue on Population, Health, and Community Capacity Building for sustainable development toward the 4th Tokyo International Conference on African Development (TICAD IV) and the G8 Summit in 2008.

I would like to thank the Asian Population and Development Association (APDA) and Asian Forum of Parliamentarians on Population and Development (AFPPD) for organizing this meeting, in cooperation with the Japan Parliamentarians Federation for Population (JPFP) and the Japan-African Union Parliamentary Friendship League. My heartfelt thanks to the Government of Japan not only for receiving us here today, but also for its vision in establishing, a few years back, a special trust fund for parliamentary advocacy activities in support of the Forum for African and Arab Parliamentarians on Population and Development (FAAPPD) and all other regional parliamentary forums.

UNFPA is pleased to have supported this event, which brings together partners from across the world to discuss issues that affect us all. This Dialogue is especially relevant as we reach the mid-point of the MDGs. Indeed, the goals and objectives agreed at the 1994 International Conference on Population and Development (ICPD) are closely linked to the achievement of the MDGs, which have become an important area of focus and engagement for all of us at UNFPA. UNFPA is committed to working with governments, the United Nations system and other partners to ensure that adequate progress is made towards the achievement of the MDGs and the ICPD Goals by 2015. UNFPA believes that, because Parliamentarians act as the bridge between the people and their governments, they can be among the most effective instruments in advocating for the rights of people and for ensuring that their needs are met. As Parliamentarians, you have influence at the highest levels of government and business as well as civil society and at the grassroot organizations. You are the voices of the people and their natural link to their governments.

Your presence here today is most gratifying particularly because it indicates your commitment to Sexual and Reproductive Health (SRH) and women's health issues. As UNFPA, we reaffirm our

continued commitment to these issues as well as to expanding and strengthening partnership for population and development. Together, we must continue to underscore the population and reproductive health challenges and ensure that they are in the forefront of the international development agenda in order to secure greater support for the ICPD Programme of Action and the key actions agreed at the tenth-year review. It is my sincere hope that through this dialogue, you will reaffirm your commitment to the implementation of the ICPD agenda, and commit to include this agenda in TICAD IV and the G8 Summit in 2008.

UNFPA and the ICPD

As many of you know, UNFPA has been supporting the work of parliamentarians for several decades and in particular after the Cairo Conference. The Fund's efforts were geared at supporting countries as they establish a legislatively appropriate environment which can be conducive to the achievement of reproductive health rights of all individuals. In this regard we have supported the organization of International Parliamentary Conferences on the Implementation of the ICPD Programme of Action (IPCI) on three occasions (2002 in Ottawa, 2004 in Strasbourg, 2006 in Bangkok), in close cooperation with African, Arab, European and inter-American regional parliamentary groups. The upcoming 4th conference will be held in 2009 in Cairo and hosted by FAAPPD, and will be commemorating the 15th anniversary of the ICPD.

Through these meetings, parliamentarians across the World had a chance to share their experiences in the advancement of the ICPD Programme of Action and the achievement of the MDGs. The conferences served to "take stock of progress made and helped mobilize social and political actions as well as resources, in order to enable countries to reduce poverty, improve maternal and reproductive health, combat HIV/AIDS and advance gender equality".

Signs of Progress – Maputo Plan of Action and new Laws

In Africa we are seeing important signs of progress. Two years ago, the Ministries of Health adopted a comprehensive sexual and reproductive health policy framework, and last year a giant step was taken when African Health Ministers approved the Maputo Plan of Action and African Heads of States and Government endorsed it. Africa's leaders renewed their commitments to expand sexual and reproductive health services throughout the African continent. The Plan of Action is bold, comprehensive and ambitious. It focuses on saving the lives of women and youth. But, more importantly, it is solid and practical with concrete outputs, indicators, targets, costing, a timeline, and mechanisms for monitoring and reporting. All of us at UNFPA, and our partners, commend the Maputo Plan of Action. Now the real work begins with national implementation,

especially the integration of this plan with the national roadmaps for maternal, newborn and child health. And it is here, once more, that as parliamentarians you certainly can play an instrumental role to make this happen.

Another sign of progress are the achievements obtained through FAAPPD. Thanks to their support and advocacy, and to the financial support received through USAID's Action for West Africa Region (AWARE) project, nine countries (Benin, Burkina Faso, Guinea, Equatorial Guinea, Mali, Niger, Senegal, Chad and Togo) have adopted model laws on Reproductive Health (RH) and eight countries (Benin, Guinea, Guinea Bissau, Equatorial Guinea, Mali, Niger, Sierra Leone and Togo) have also adopted HIV/AIDS laws, all based on model laws developed with the support of UNFPA and The World Bank. These laws are the reflection of the ICPD Programme of Action at the domestic legal level, and seek to protect the sexual and reproductive rights of individuals, therefore contribute to advancing the goal of universal access to reproductive health. AFPPD has also been instrumental in advancing the ICPD agenda in Asia, helping increase the number of National Committees on Population and Development in the region from 5 to 25, therefore increasing the advocacy efforts on population and health issues within parliaments.

As UNFPA prepares for its next programme cycle, plans are being made to continue with the strengthening of its collaboration with both the Afro-Asian Parliamentarians group as well as FAAPPD to continuously advocate for national legislation in support of gender equality and the human rights of women and girls, including the issues of early marriage, gender based violence, and the HIV/AIDS pandemic.

UNFPA and the MDGs

We believe that progress towards achieving the important ICPD goal of promoting universal access to reproductive health is absolutely essential for meeting the other MDG targets, and especially for reducing poverty in all its dimensions. The adoption of the target of universal access to SRH under MDG 5 is a clear recognition of this link; but many other MDGs are also directly or indirectly linked to the ICPD Goal.

We all recognize the need for sound empirical evidence to monitor the progress we have been making towards reaching these targets. In spite of some progress recorded in the domain of data collection and analysis, the statistical systems in the African and Arab region are still rather weak and activities remain uncoordinated and poorly funded. In this direction, we shall continue to depend on the strong support of the legislature to sustain the political will of Governments so

as to ensure that the requisite budgetary support is made available for the generation of reliable and up-to-date data and information for us to chart our course toward the achievement of the goals we mutually agreed upon.

Significant progress has been achieved during the past decade to advance sexual and reproductive health and rights and gender equality. Within the framework of the UNFPA-led Campaign to End Fistula, more than 20 countries have moved from assessment and planning to implementation. Pakistan launched its own campaign and is now working to establish seven regional centres to provide surgical treatment free of charge. In relation to women's rights, at the global level the share of parliamentary seats held by women has increased from 7% in 1990 to 17% this year, with Rwanda holding the world's first place with 48.8% of women parliamentarians. This translates to 39 women out of the total 80 parliamentarians elected. Sweden follows very closely with 47.3% (165 women out of 349 elected parliamentarians). This is a clear sign of progress.

Your role as parliamentarians, representatives of the people, legislators and government overseers is critical: you are doing your utmost to support the ICPD Agenda. Your hard work has resulted in laws reviewed, formulated, enacted, and ratified, as shown at the ICPD +10. Those laws are very important. However, studies show that giving birth is, in many homes, not a time of joy and celebration but a sentence of death. Enacted laws are not always appropriately enforced and women continue to suffer the effects of poverty and under-development in a disproportionate way. The very critical challenge ahead includes ensuring that those laws you worked so hard for are enforced. Appropriate budget allocations for SRH and population issues, in plans and programmes, as well as in poverty reduction strategies is also of utmost importance.

Conclusion

Evidence shows that "rapid and large-scale progress towards the MDGs is possible when strong government leadership and good policies are combined with adequate financial and technical support from the international community". With this Dialogue, we are provided with the unique opportunity to discuss the lessons learned in the advancement of the ICPD agenda and the MDGs in the Asian, African and Arab Regions, and pave the way towards the 2008 TICAD IV and G8 Summit so that they squarely address population and Sexual Reproductive Health issues in their plans and programmes. Let us work together to make this happen. I wish the conference much success. Thank you for your kind attention.

Address

Mr. Tewodros Melesse

Regional Director of IPPF Africa Regional Office

I am very honoured to be able to speak to so many parliamentarians, policy makers and development practitioners from, and working in, Africa and Asia. Let me extend my appreciation to the Asian Population and Development Association (APDA); the Asian Forum of Parliamentarians on Population and Development (AFPPD); United Nations Population Fund (UNFPA); Ministry of Foreign Affairs of Japan (MOFA); the Japan Parliamentarians Federation for Population (JPFP) and the Japan-African Union (AU) Parliamentary Friendship League for organizing this meeting, and for inviting the International Planned Parenthood Federation (IPPF) to speak. I will speak briefly about IPPF, the linkages between sexual and reproductive health and sustainable development and the role of parliamentarians in promoting sustainable development.

IPPF is both a service provider and an advocate of rights in the field of sexual and reproductive health. IPPF has 150 Member Associations, providing services in 179 countries. Approximately 33,000 professional staff provide sexual and reproductive health care services to millions of people annually. We believe that sexual and reproductive rights should be guaranteed for everyone because they are internationally recognized basic human rights. We are committed to gender equality, and to eliminating the discrimination which threatens individual well being and leads to the widespread violation of health and human rights, particularly those of young women. We are committed to working in partnership with communities, governments, other organizations and donors.

Let me also mention IPPF's role as a leading voice of the civil society and its partnership with other stakeholders in advancing regional and continental issues. The IPPF Africa Regional Office, which I lead, played a pivotal role in the development of the Maputo Plan of Action for the Operationalization of the Policy Framework for Sexual and Reproductive Health. This plan, which was adopted by African Heads of State at their Annual Summit in January 2007 guides Africa towards universal access to comprehensive SRH services by 2015 through nine key strategic actions. These eight key areas are as follows:

1. Integrating SRH services into primary health care;
2. Family planning;

3. Youth-friendly services;
4. Unsafe abortion;
5. Quality safe motherhood;
6. Resource mobilization;
7. Commodity security; and
8. Monitoring and evaluation

The Linkages between Sexual and Reproductive Health and Sustainable Development

The theme of this meeting “Dialogue on Population, Health and Capacity Building for Sustainable Development”, reaffirms IPPF’s perspective that sexual and reproductive health are essential to the success of poverty reduction and sustainable development efforts such as Poverty Reduction Strategy Plans, national Development Plans and the Millennium Development Goals. Sexual and reproductive health which are reflected in MDG 3 (promoting gender equality), MDG 4 (reducing child mortality), MDG 5 (improving maternal health) and MDG 6 (combating HIV/AIDS, malaria) are all inextricably linked to MDG 7 on ensuring environmental sustainability.

As far back as 1994, the International Conference on Population and Development (ICPD), in its Commitments to Action stated that: *“Efforts to slow down population growth, to reduce poverty, to achieve economic progress, to improve environmental protection, and to reduce unsustainable consumption and production patterns are mutually reinforcing. Slower population growth has in many countries increased these countries’ ability to attack poverty, protect and repair the environment, and build the base for future sustainable development”*.

Poverty, Reproductive Health, Gender and Sustainable Development

The interrelation between population, poverty, gender, reproductive health and sustainable development is strong and complex. In many developing, and resource constrained countries, people often have no choice but to exploit the environment in order to meet their basic needs for shelter, fuel, food and income. We have all seen the adverse effects of poverty and rapid population growth on the environment in terms of deforestation, depletion of fresh water, biodiversity loss and land degradation.

Shortages or inequities in access to resources undoubtedly lead to conflicts among communities. This has been the case in countries such as Chad and Somalia where adverse weather patterns, famine and drought, coupled with conflict further exacerbate the resource constraints. Population growth drives rural-to-urban migration and the growth of urban slums. Sub-Saharan

Africa has an average population growth rate of 2.4%, ranging from a high of 3.4 in Niger, 3.2 in Mali; while Asia has an average population growth rate of 1.6%¹. In countries such as Mali, and in others such as Kenya and Nigeria, significant proportions of the urban population live in what would be termed as urban slum areas, where people's access to basic sanitation, clean water, adequate housing, and health services is limited. In many parts of the world, rural populations too lack adequate sanitation. Estimates are that the situations in Asia and Africa do not differ very widely in this regard. Only 26% of rural populations in Africa have access to improved sanitation services, while this figure is 33% for Asia. 55% of urban populations in Africa have access to improved sanitation services, while this figure is 77% for Asia.

Globally, there are an estimated 120 million women who want to use contraception for spacing and limiting births, but who are currently unable to do so. There are unmet needs for family planning of an estimated 15% in India, 28% in Gabon and as high as 35% in Uganda. The average contraceptive prevalence rate in Sub-Saharan Africa is 15%, but 2% in Chad and 4% in the Democratic Republic of Congo, Sierra Leone and Guinea Bissau. In Asia, the average contraceptive prevalence rate is 45%, with a low of 9% in Afghanistan². There is still much to be done to allow women to freely choose the number and spacing of children that they want to ensure that families and communities live in harmony with their environments. Increased access to education, information and services, including services for sexual and reproductive health would allow people to expand their options in terms of family size. There are strong links between ill health, including sexual and reproductive ill health, and environmental degradation. Poor sexual and reproductive health is both a cause of, and a contributor to, larger families, larger resource needs, and ultimately poverty. In a situation in Niger where for example over 80% of the population lives on less than \$2 per day and where a woman has on average over seven children, the immediate family and communal environments are likely to be poorly managed.

Gender and sustainable development are similarly linked. All across the peri-urban and rural areas of the developing world, women toil and reap from the environment for their daily sustenance – for water, fuel, heating and shelter. Degraded/degrading environments affect women's and household security and sustainability in a particular way. Degrading environments increase the time and effort required to secure basic amenities such as fuel or produce food, while the time required to carry out other responsibilities such as meeting household needs and

¹ 2006 World Population Data Sheet, Population Reference Bureau

² 2006 World Population Data Sheet, Population Reference Bureau

ensuring family health, does not diminish. Unsustainable environments therefore risk adding yet another level of burden on women. At the same time, there is evidence demonstrating that women's control of resource management and women's empowerment positively impacts the governance of natural resources and environments. Gender equality and women's empowerment are key factors that ensure sustainable development.

The Way Forward

With these illustrations of the linkages between Poverty, Reproductive Health, Gender and Sustainable Development, it is clear that ensuring sexual and reproductive health underpins social and economic development at the family, community and national levels. Initiatives to address and enhance the links between population, health and sustainable development are not new. A number of positive steps have already been taken at the various continental and international fora. In 2002, the then Secretary General of the United Nations, Kofi Annan stated that: *"the MDGs, particularly the eradication of extreme poverty and hunger, cannot be achieved if questions of population and reproductive health are not squarely addressed"*. Let us reflect on comments from the UN Millennium Project Task Force on Environmental Sustainability, where it was stated that: *"The pursuit of environmental sustainability is an essential part of the global effort to reduce poverty, because environmental degradation is inextricably and causally linked to problems of poverty, hunger, gender inequality, and health"*.

The Importance of Parliamentarians

Parliamentarians can and should play a key role by developing and supporting mutually reinforcing and positive linkages between sexual and reproductive health and sustainable development. Parliamentarians have a very wide sphere within which they can exert their influence in terms of shaping positive policies and programmes that support sexual and reproductive health and rights and sustainable development. This includes at the grassroots level, audiences such as your constituents, and your political parties. There are also immense gains to be made by influencing policy-makers and government officials. Parliamentarians have the capacity to influence and shape social movements through the partnerships and alliances among the public sector, private sector and the NGO/civil society. Finally, working hand in hand with the media, parliamentarians at all levels have the capacity to influence events at local, national and international levels. As primary decision makers, parliamentarians are able to influence domestic sexual and reproductive policies, policies on population, health and development and you have the opportunity to make a real difference to millions of lives of women, men and adolescents of your countries. You can be the key advocates for change in poverty reduction, and improving the health and lives of millions.

Keynote Speech

“Japanese International Cooperation in the Framework of TICAD IV and G8”

Mr. Koji Tsuruoka

Ambassador, Director-General for Global Issues, Ministry of Foreign Affairs of Japan

I am honoured to be invited here to such an important dialogue, organized by the Honourable Yasuo Fukuda, Chairperson of APDA/AFPPD, where UNFPA, IPPF and other international NGO representatives are present, to give a keynote speech on behalf of the Minister of Foreign Affairs to discuss “Japanese international cooperation in the framework of TICAD IV and G8 Summit”.

On May 30th and 31st with the Heiligendamm G8 Summit in view in the Federal Republic of Germany, the G8 Parliamentarians’ Conference on the Economic Rewards of Investment for HIV/AIDS Prevention and Health took place. This conference continues and follows up from that meeting focusing on TICAD IV. As you know, next year Japan will be hosting the G8 Summit, Toyako and TICAD IV, so this is a very timely conference. I am pleased to note that the Inter-country NGO Support Trust Fund established by Japan inside UNFPA was used in the organization of this conference.

According to the United Nations, the world population has reached 6.7 billion, and by 2050 it will reach 9.2 billion. It means that 2.5 billion people will increase in 43 years. 2.5 billion was the world population in 1950. From 1950 to 2050, within the span of 100 years, the world’s population is to grow 3.7 times, and it is predicted that most of the increase comes from the developing world.

As we have learned, there is an accelerated concentration of population in the urban centres. According to the “UNFPA 2007 State of World Population”, 3.3 billion, about a half of the world’s population, will be living in urban centres. This urbanization is accelerating in Africa and Asia. By 2030, there will be 5 billion people living in the urban centres; most of them may be urban poor. It will increase the density of population and since the infrastructure will not be able to catch up with this increase of urban population, there will be illegal residents. There will be slums, and there can be health problems; HIV/AIDS, bird influenza, cholera. These infectious

diseases can rapidly expand to become a pandemic across the world. And the rapid increase in population urbanization can result in a shortage of water, food and energy, and diminish agricultural lands. There will be destruction of the environment and pollution of water and air from economic activities. And there will be a burden on the global environment and impact on climate change.

Climate change and global warming will have an affect of malaria and dengue fever expanding geographically. About 3% of the world population, or 200 million people, are crossing borders looking for a better life. There will be more people leaving their countries from rising of sea surface levels, desertification, cyclones and earthquakes, some of which are caused by climate degradation. This increase in population is interlinked with global issues of infectious diseases, climate change and cross-border migration. We need to seriously grapple with the population problem to address these issues. The international society must work together because the issue of population will become more serious, not less, in the future.

The international community has made a pledge to make efforts toward achieving the Millennium Development Goals at the time the UN Millennium Declaration was adopted at the Millennium Summit in September 2000. MDGs are an accumulation of development targets worked on by the international community. It includes the action programmes adopted in 1994 in Cairo (ICPD), with the importance of primary education and reducing infant and maternal mortality. Next year will be the midpoint of the MDG target year of 2015.

We now have data of the last five years according to the UN Release Report 2000. Released in July, there have been remarkable advances around the world in harbouring the extreme poor. But, on Goal 4, reduction of infant mortality; Goal 5, improving the health of mothers; Goal 6, HIV/AIDS, malaria, prevention of other infectious diseases, there has not been much progress in Sub-Sahara Africa, the situation remains serious. Particularly, infant and maternal mortality must be improved immediately in Sub-Sahara Africa, as well as in South Asia. On HIV/AIDS there are 39 million infected and 60 - 70% of HIV positives are in Sub-Sahara Africa. A high infection pace is reported in East Asia. The report says that Sub-Sahara Africa is farthest from achieving the MDGs, but in Asia and other regions with some progress, there are still issues in the fields of health and environment.

Progress towards achieving the MDGs is varied from country to country, region to region, and even with the country. It is not only Africa that is most behind in achieving the MDGs, but also in Asia, where 60% of the world's population live, achieving the MDGs is an important

challenge to overcome. Today, aptly, we have parliamentarians from Asia and Africa, two important regions. We must keep the regions in mind when we plan to achieve the MDGs. Japan has stated clearly in its mid-term policy on ODA formulated in 2005 that it will actively contribute to the development issues, including achieving the MDGs, through effective use of ODA. In achieving the MDGs, the focus is placed on people's life, their dignity, and the concept of human security at the base to protect and enhance capacity building. Sufficient consideration must be given to ensuring human security of the most vulnerable people in society. We will continue to ensure that the necessary ODA can be budgeted with the aim of increasing above 10 billion.

Population issues are a matter of allowing access for reproductive health and rights to each individual who constitute the entire population and charting the course for giving birth to and raising children. It is an issue that involves human security in the sense that we try to build a human-oriented society in which each individual can fulfil a dignified life by protecting and enhancing the capacity of individuals, and the communities which could be threatened, or which are being threatened. In order to reduce the risk of pregnancy and delivery, not only should health and medical care be improved, but a comprehensive approach is necessary. Health systems that provide access to services and basic infrastructures must be improved, and social values must change, such as eliciting understanding from male partners and family members. Empowerment of women and health service improvement will bring along reduction in mortality of pregnant women and infant mortality and will contribute to sustainable population increases.

All these infectious diseases such as HIV/AIDS and tuberculosis are serious impediments to economic social development as well as individual health. In 1994 the Japanese Government announced a Global Issue Initiative Regarding Population and HIV/AIDS, and we contributed \$55 billion over seven years to family and population planning. We also provided basic healthcare for women and children's health, primary education and empowerment of women, as a comprehensive approach that included cooperation that is conducive to slowing population growth and the spread of HIV/AIDS.

In 2000 G8 Kyushu Okinawa Summit, it was the first time we took up the infectious disease initiative on the summit agenda. And in this summit, our former Prime Minister Mori announced the Infectious Disease Initiative of Okinawa. We had an objective of contributing \$3 billion over five years, but we actually contributed \$5.8 billion. After this initiative was completed in 2005, we announced a health and development initiative with a contribution of \$5 billion over five years, and in 2005 alone we were able to contribute 1.2 billion yen. The Global Fund to Fight

AIDS, Tuberculosis and Malaria was also established, and from 2002 to 2007 the Japanese government contributed more than \$660 million. In March 2005 we announced the gender and development initiative and we try to have a gender perspective in all phases of ODA. We have hyped up our efforts toward gender equality and empowerment of women.

In order to tackle the global population issue, we have implemented these initiatives by working closely with the UNFPA and IPPF and international NGOs. With UNFPA we have contributed \$1.1 billion per year to date since 1971 and we respect each region's parliamentarians' forum in leading the public opinion regarding population issues on the political table. We have supported the parliamentarians' forum from the Inter-Country NGO Trust Fund that was established by UNFPA. The form of collaboration between Japan and UNFPA has become versatile. Multilateral and bilateral cooperation of providing special equipment for population and family planning has been implemented in 22 countries since 1995.

We also provide support through a human security fund and emergency grant aid collaboration. And we have also contributed more than \$400 million since 1969 to IPPF, a pioneering international NGO in the field of family planning with a network of worldwide national Member Associations. We also established the Japan Trust Fund focused on HIV/AIDS control project, which has also been executed in alignment with infrastructure-building project using Yen loans. So we have been executing all kinds of activities in the area of population and development. But in order to maximize the effects of the support, policy formulation regarding population and reproductive health by the population related international organizations, advocacy for the people, and alignment in reproductive health services provided at a grassroots level are important. Such an opportunity like today's meeting where parliamentarians can share their views is also very important.

In May next year we will be co-hosting the TICAD IV with the UN organizations and will also host the Hokkaido Toyako G8 Summit. Before these events, in April we will be co-hosting the G8 Development Ministers Meeting. The first TICAD was organized in 1993, and it helped raise awareness for the need to provide more support to Africa and contributed immensely to present philosophies and priorities of development in Africa and to establish a partnership between Africa and the rest of the international community. Currently in Africa, we do see a lot of positive signs for the establishment of peace, advancement of Democracy and the outlook for the economy. The issues of poverty, food shortage, HIV/AIDS, tuberculosis, malaria, infectious disease still remain serious issues. We do have to address such emerging issues as environment degradation as well as climate change. In TICAD IV next year, we will be looking at the

promising changes that are happening in the socio-economic areas in Africa and our basic message at TICAD IV is "Towards a Vibrant Africa". And under this theme, we would like to clearly present which direction the international society should take so that a concrete initiative is presented.

These three issues will be the main focus in order to assemble the wisdom of the international society and also the funds of the international community: (1) acceleration of growth; (2) establishing peace and human security including MDGs achievement; and (3) measures for environment and climate change issues.

The Asia-African Cooperation, as well as the South-South Cooperation will also be looked at as an important theme to be promoted through the TICAD process. We would also like to exchange opinions with all the international organizations that are dealing with African development depending on each organization's comparative advantage and mandate. We will divide the organizations into sub-clusters and try to figure out the most effective way Japan and each organization can join hands. For instance, in regards to health issues we are studying supportive measures in the field for achieving not only MDG 6, combating infectious diseases such as HIV/AIDS, malaria and tuberculosis, but also to contribute to human security by focusing intently on MDG 4 and 5, which is maternal, child and reproductive health.

As mentioned earlier, 2008 will be a half-way point for the materialization of the MDGs. Thus we will present the direction of African development for the next 5 to 10 years. We hope that the discussions of the Development Ministerial Meeting and the TICAD IV and the contribution measure of the international society will generate a stepping stone for the Hokkaido Toyako G8 Summit, which will be held right after the TICAD from July 7th to 9th.

We believe that such an international parliamentarians' network is also critical to advance development. We hope to rally behind our common objectives and work with you to contribute to international cooperation. We look forward to constructive suggestions put forward by this conference that could contribute to the discussion's plan for the TICAD IV and G8 Summit. Thank you for your attention.

Session I

“Achievements and Challenges of G8 Parliamentarians’ Conference in Berlin and 2007 G8 Summit in Heiligendamm”

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“Achievements and Challenges of G8 Parliamentarians’ Conference in Berlin and 2007 G8 Summit in Heiligendamm”

Chairperson:

Mr. Yasuo Fukuda, MP, Chairperson of APDA/AFPPD/JPFP (Japan)

Resource Person:

Ms. Birute Vesaite, MP, Executive Committee Member of EPF (Lithuania)

MR. YASUO FUKUDA, MP, JAPAN (CHAIR):

We shall now begin Session I, “Achievements and Challenges of G8 Parliamentarians’ Conference in Berlin and 2007 G8 Summit in Heiligendamm”. I have the pleasure to invite Ms. Birute Vesaite, Member of Parliament for Lithuania, to begin the dialogue. Since 2002 she has been a member of the executive committee of the European Parliamentary Forum on Population and Development (EPF). Ms. Vesaite, please.

MS. BIRUTE VESAITE, MP, LITHUANIA:

Thank you, Mr. Chairman. Good morning to everybody, honourable participants of this meeting. I would like to present the European Parliamentary Forum on Population and Development (EPF). It is the Brussels-based parliamentary network that serves as a platform for cooperation and coordination for the 25 party groups in parliaments throughout Europe. It focuses on improving sexual and reproductive rights at home and internationally through national and regional health policies and budgets. The European Parliamentary Forum believes parliamentarians have the opportunity and responsibility to promote sexual and reproductive health and rights and gender equality, which are core elements of human dignity and are central to human development.

As parliamentarians are playing a key role in advancing the development agenda, particularly in mobilizing the necessary support and in holding government leaders accountable for their commitments, the parliamentary advisory committee of German Foundation for World Population and the European Parliamentary Forum have decided to convene a meeting of parliamentarians to create support for the G8’s commitment to devise a set of actions for the fight against HIV/AIDS and for African development. The two-day conference examined the

economic rewards of investing in HIV/AIDS prevention and health. Discussions focussed on the influence of the HIV/AIDS epidemic in Africa, paying particular attention to HIV/AIDS prevention and treatment, sexual and reproductive health issues, and best practices and lessons learned in the fight against HIV/AIDS.

The conference stood in the tradition of two respective parliamentary conferences in conjunction with the G8-Presidency of the UK in 2005 and Russia in 2006. Germany held both the Presidency of European Union in the first semester of 2007 and presidency of the G8 for the entire year. German Chancellor Angela Merkel has made HIV/AIDS prevention and Africa as one of Germany's top priorities for 2007 in the hope of leading fellow G8 leaders and the EU towards making significant and realistic progress in addressing the African continent development challenges.

The conference in Heiligendamm highlighted the need to eradicate poverty and disease on a global scale, especially concentrating on HIV/AIDS and Africa to receive sustainable political and financial support from the world's richest countries. The conference was timed to take place exactly one week prior to the G8 Summit in order to equip parliamentarians with the tools and understanding which is necessary to ensure that G8 leaders' promises are kept at key moments in 2007 at EU and UN levels in the discussion around the Global Fund on AIDS, Tuberculosis, and Malaria, and in national budget and policy discussions.

The outcome of the Berlin conference was the adoption of the declaration "Parliamentary Appeal to G8 Heads of State and Governments". Parliamentarians recalled the international commitment to achieve universal access to reproductive health by 2015 as set out in the Program of Action from the International Conference on Population and Development and as a target under the Millennium Development Goal 5.

Parliamentarians recognized that Africa's development cannot be achieved without taking into account that the ongoing increase of HIV infections lowers a country's economic growth rates. Sexual and reproductive health problems account for one third of the total health burden among women and are a leading driver of poverty. The HIV/AIDS pandemic is increasingly young and female. Poverty, malnutrition, malaria, tuberculosis, and other infectious diseases, lack of clean water and sanitation are additional burdens to the HIV infection. Focusing on only one of these threats would not be sufficient. The future of a country lies in its people, particularly women and young people. There will be no future when they become victims of HIV/AIDS or poverty. Caring for those infected and affected by AIDS, including orphans, is a heavy burden which

continues to fall mainly on women. Older women, women heading households and grandmothers in particular deserve respect and need your support. Many poor countries do not have the resources to care for the health needs of their own people. Many richer countries are not living up to their commitments even though they have the resources to do so. Ensuring that aid is efficiently, effectively, and transparently utilized is the responsibility of both donor and recipient countries.

Parliamentarians from Africa, Asia, European and G8 countries therefore appeal to G8 Heads of State and Governments to:

(1) Strive for ownership: Country-driven Strategies

- By providing support for the implementation of national, regional, and international policies and plans including the African Union's plans, the policy framework on sexual and reproductive health, the Maputo Plan of Action and the Abuja Declaration on AIDS, Tuberculosis and Malaria.
- By guaranteeing and strengthening parliamentary involvement in the formulation of state budgets, with particular attention to health budgets, including budget support for development planning instruments such as Poverty Reduction Strategy Papers and Country Strategy Papers in cooperation with donor Governments and donor representatives.
- By strengthening NGO involvement in these same processes by providing civil society representatives formal opportunities to participate in these processes at an early stage.

(2) Invest in long-term solutions: Health Infrastructure

- By enhancing multilateral and bilateral partnerships in health with national health strategies aiming to improve and strengthen substantially health systems, for example by supporting the "Providing for Health Initiative" which the German Presidency has presented.
- By ensuring budgetary means which are freed by debt cancellation and then reinvested into the social sector, among them by building the health infrastructure and strengthening primary healthcare systems rather than emphasizing disease-specific investment.
- By scaling up the training of 1.5 million health workers which are estimated to be needed in Africa alone, ensuring and implementing regulations that prevent "brain drain", ensuring fair compensation for developing countries for skilled workers that leave, and helping developing countries to improve the motivation and incentives for

health workers to remain in developing countries.

(3) Stand for principles: Human Rights

- By ensuring that all people regardless of age, sex, religion, sexual orientation, or economic status have access to the information, materials, and services they need to lead healthy lives, prevent disease, and plan their families.
- By fighting discrimination, stigmatization and isolation, especially of people living with HIV/AIDS and those at particular risk of infection.
- By providing the information, services and supplies required to end needless deaths of more than half a million women every year due to pregnancy and childbirth, and the additional suffering of millions of others, in particular women who suffer a debilitating obstetric fistula, a condition which has been eradicated in wealthy Western and industrialized countries for over a century.
- By ensuring all programs and policies are based on a fundamental respect for human rights and evidence-based approaches.
- By highlighting the positive role that churches, faith-based organizations, and religious communities can and do play.

(4) Value everyone equally: Empower Women

Of course investment in women is the best investment because it always pays.

- By prioritizing women and girls in development policies and programs, this means providing access to education, economic opportunities, resources, decision-making authority, comprehensive health information and services including sexual and reproductive health as recognized in the new target of universal access to reproductive health services by 2015 under MDG 5.
- By fighting the cultural obstacles to women's advancement and ensuring the equal participation of women in political, economic and social spheres and enforcing laws against sexual violence, FGM and child marriage.

(5) Invest in the future: Young People

- By scaling-up programs, policies and services for the largest generation of young people the world has ever seen, and who will soon be entering their reproductive years.
- By critically analyzing youth and health programs to ensure that they are reaching the most vulnerable and high-risk groups of young people and addressing the distinctive needs of girls who are at risk of forced sexual relations and child marriage.
- By equipping young people for responsible adulthood, by promoting evidence-based

comprehensive sexuality education, counselling and services on safer sex, male and female condom use, and promoting sexual safety and health security.

- By aggressively improving girls' access to and continuation of education at all levels.

(6) Population Strategies

- By publicly recognizing that the MDGs cannot be reached without addressing population growth and that in many developing countries population growth levels are currently outpacing economic growth rates and governments' ability to meet the basic needs of their people.
- By earmarking 10% of official development assistance to population and sexual and reproductive health and rights programs.

I should admit that the absolute champion in this area is the Netherlands. Some EU members are allocating zero percent of total development aid to this issue, so this commitment is still not fulfilled and we as parliamentarians, of course, have a lot of tools to put pressure on our governments.

(7) Invest in concrete measures: Health Supplies

- By acting on the proven solutions such as contraception and meeting the global need for sexual and reproductive health supplies which would save the lives of an additional 1.5 million of women and children per year, through sustained and multi-annual funding commitments.
- By overcoming the insecurity of distribution channels which contributes to high prices of anti-retroviral drugs and thus poses an obstacle to universal access to HIV/AIDS treatment.
- By ensuring an adequate and permanent stock of therapies for HIV/AIDS, malaria, tuberculosis, and other diseases in hospitals and clinics and other service delivery points in order to avoid deaths caused by preventable and curable diseases, and fighting together those diseases where interactions are particularly important for maternal and infant health.

(8) Provide new chances: Need-driven Technologies

- By pursuing better tools for health promotion, prevention, access to testing, diagnosis and treatment (in particular concerning paediatric drugs, prevention of and treatment for infections such as hepatitis C and multi-drug resistant tuberculosis).
- By continuing to support investment in the research and the development of new

medicines, microbicides and vaccines (for example for AIDS and malaria), as well as on the most effective ways to achieve behavioural change, including through funding for Public Private Partnerships by promoting policies that encourage innovation.

- By publicly funding need-driven research and development in order to procure easy access to modern drugs in poor countries and seriously promoting the establishment of international regulations to open new ways of conducting research and development and safeguard the access to essential drugs, potable water and adequate nutrition for people in need.

This was the Parliamentary Appeal. I wish the participating parliamentarians, NGOs and foundations successful discussions to find the right solutions. As for Japan, I wish you a fruitful chairmanship for the G8 Summit and for the Tokyo International Conference for African Development, which is important for development issues for the entire world. Thank you for your attention.

<DISCUSSION>

MR. YASUO FUKUDA, MP, JAPAN (CHAIR):

Ms. Vesaite, thank you very much. Her presentation on the G8 Summit and the parliamentarians' meeting showed us that there have been a wide range of issues tackled, and she has explained her view on those measures proposed and taken. In listening to Ms. Vesaite, I felt that young people and also women are really playing a major role in deciding the course of a country's future. Therefore, we really have to take some measures in terms of the environment and the community to encourage the further development of young people and women. But currently there are many obstacles for the further development of abilities of women and young people. Therefore, we parliamentarians must exercise leadership in each of our countries in order to overcome those obstacles.

DR. JOERG MAAS, DSW:

We were one of the core organizers of the G8 Parliamentarians' Conference, which Honourable Birute has actually just mentioned and described in a very precise way. Let me add maybe two or three sentences to her presentation and summary of the G8 appeal. It was the first time ever that an international G8 parliamentarians' conference was organized and hosted by the German parliament and took place inside the German parliament. And we also had the pleasure of having

Dr. Osamu Kusumoto and also Dr. Ahn from Korea and many others from non-G8 countries at that conference.

It is also interesting to mention that we had a five-meter high red HIV/AIDS ribbon symbol inside the German parliament. And the fact that at the reception, on the day before the conference, the president of the German parliament opened the conference which was a very strong signal, not only for the international world, but primarily, I think, for the German parliamentarians because, as many of you recognize and knew, our former Chancellors, Chancellor Schroder and Chancellor Kohl, never mentioned HIV/AIDS. And both of them have never mentioned the reason to take more action on HIV/AIDS in Africa. So in that respect, it was a success not only in itself but definitely also to encourage German parliamentarians. And you are absolutely right, Honourable Vesaite, that it is important for parliamentarians to stand up and to put more pressure on and hold accountable your own governments to do more on HIV/AIDS, sexual and reproductive health, family planning and population.

As a matter of fact, one day after our G8 Parliamentarians' Conference, which took place in May this year, the German government announced an increase of official development assistance for the next 5 years in the amount of 750 million euros every year, which is a major step forward for the German government, because economically speaking, it means a 15% increase of German ODA going to development assistance with a major focus on sexual reproductive health, population, and mainly to Africa. I would like to encourage our Japanese colleagues here, first of all, our distinguished friends and colleagues JOICFP but also the Japanese group of parliamentarians and activists and political leaders to use the opportunity of both the TICAD IV and also the G8 next year to encourage the Japanese government to use the G8 to make a step forward and to increase not only the political will but also the financial commitments for Africa. What we heard yesterday at the preparatory meeting organized by JOICFP is that you are already on the right way to doing that. I must say, and this is all expectation from our Japanese colleagues, that you are even more efficient than the Germans are, because we had not started our preparatory work for both the EU Presidency and the G8 as early as you have. Whenever we can be of help, and I'm sure I'm also speaking on behalf of not only the German parliamentarians who are unfortunately not here today, but also of our very distinguished friends and big network of European Parliamentary Forum, we are here to help. Thank you.

MR. YASUO FUKUDA, MP, JAPAN (CHAIR):

Mr. Maas, thank you very much. While listening to his comments, I was very honoured to hear that he really praises Japan's efforts. But we are not really that efficient. When a goal or target is

set up, then we start working very efficiently, but we have the problem that it takes a long time for us to set up that goal. But at any rate it is true that next year is an important year for us and the theme that we are tackling today is going to be a major agenda for next year's meeting. We would like to support the government so it can be realized.

MS. ABIKE DABIRI, MP, NIGERIA:

I want to commend you madam for a beautiful presentation and I want to thank you for stressing the role of women and youth and the fight against AIDS. It is vital and very important, especially for us in the developing world. I do not want to repeat what has been said, but basically we have said here, and we have to stress it, that we can talk from morning till night, but without the political will from our countries, we can achieve nothing. And that is very important. I also want to appeal to the organizers of this summit and say that actually we want to commend Japan for doing this. It is a step in the right direction.

First and foremost, for focusing on parliamentarians, a lot of NGOs, a lot of those that have come to us do not even look at the world of parliamentarians. Parliamentarians are the closest to the people. And getting to the people is important to encourage forums such as this. And my question to you, my challenge to you is how sincere can we consider your motive? Looking at what has happened with a lot of the European world, you hear millions of dollars, billions of pounds being spent in developing countries, but we do not see the actual effect because they are not targeting it through the right direction. So the challenge to this forum, which has started on the right note, is to ensure that you channel whatever you are doing through the right forum and basically through the right channels and ensure that you do not channel billions of dollars, millions of Japanese yen, euros, millions of resources and achieve nothing. And that I think is very important.

I want to thank you for this. I hope that this parliamentary summit is sustained and continued. And I thank you one more time and hope that we will learn from you. Japan has worked very hard to be where they are today and we as developing nations will also ensure that we work very hard to be better than where we are today. Thank you very much.

MR. EL HADJI MALICK DIOP, MP, SENEGAL:

First of all, in representing the parliamentarians of our country, I would like to express my greetings to Japanese people and I am extremely happy to be able to participate in this meeting. So I would like to thank the organizer of this meeting. In Honourable Vesaite's presentation, there are two points that I would like to refer to. One is the motivation, in particular, the

motivation of the health workers. Currently, there is a very drastic mobility of people, in particular the brain drain is a serious problem. People are leaving our country to the U.S. or Europe, and those developed countries are accepting those immigrants, especially people with high skills and abilities. And therefore, the health service has become a serious problem in Africa. The best 15 universities in Africa have been trying to train those professionals and doctors, but because of the brain drain we cannot see the results and fruits of the training of those professionals. So we hope and we believe that it is necessary for us to have an environment in which people will not leave the country but stay to help the people.

Second point is ODA. Of course, commitment should be honoured and respected. The Paris Declaration addressed ODA efficiency. The donors are spending ODA for strategic reasons, and the donors are trying to make use of ODA; however, I think ODA should be spent in a more effective manner. There are many overlapping areas and there are some areas that lack any funding. So I think that currently the ODA is not spent strategically. It should be used more effectively, especially in the eradication of poverty. Some countries are very aggressive in order to eradicate poverty but even if they are aggressive, they are not that aggressive actually in the field. The areas vary; it is not really evenly distributed. Sometimes they do not have the right emphasis when providing the ODA.

MS. TOVHOWANI JOSEPHINE TSHIVHASE, MP, SOUTH AFRICA:

I am chairing the social development portfolio committee in South Africa. Thank you, madam. While listening to your presentation, I feel a little bit excited. We have the problem where you find our newly democratic government is really struggling with the problem of poverty which is affecting our rural areas, in particular women and children who are seeking jobs. Presently we are faced with the problem of immigration control, where people in our neighbouring countries are flocking to South Africa.

Developed countries are trying to extend their hands, but we would like to advise the very same countries, as well as our country, to have some programs which can help those poor people. We have raw materials in our countries, which need to be developed within our countries, not to be taken away for production. Developed countries are creating problems because they take the raw materials and develop them. We want those developed countries to help us bring wealth to our country so that we can fight the scourge of HIV/AIDS and the poverty amongst our people, especially rural women and youth. We would like to have advice and expertise come to our countries. Due to colonialism in Africa raw materials were taken away from us and developed elsewhere. So we would like you to bring development skills to our countries so that we can

fight poverty and the scourge of HIV/AIDS together. Thank you.

MR. YASUO FUKUDA, MP, JAPAN (CHAIR):

So at this point, there have been words from Nigeria, Senegal, and South Africa parliamentarians. Honourable Vesaitė would you like to give us some answers to that.

MS. BIRUTE VESAITE, MP, LITHUANIA:

Thank you for the questions you raised. I completely agree with you concerning the investment into empowering women and improving the status of women. By investing in women you invest in the entire family and it always pays off. Concerning international assistance and its results, I would like to present the position of the European Commission which led to the decision to make more investment in the infrastructure of African countries, especially investment into education and sexual and reproductive health. From one point of view, infrastructure development will help with the alleviation of poverty. If you have access to distant rural areas by good roads, people can easily reach markets and have the opportunity to sell their products. But anyway, the issue of sexual and reproductive health and rights and education is of core importance so we should find a balance. It is a decision of EU member countries on a national basis. I would like to present the figures concerning financial aid for 2007 at US\$ 15.3 billion. The estimate for 2010 is \$18.5 billion dollars for total assistance. As you have seen in the appeal, the national countries appeal is to devote 10% to sexual and reproductive health and education. International assistance should be controlled on both sides in order to achieve the best results; I mean both from the national countries in Africa and from the European Community. Of course there are major donors in European countries that also allocate funding amounts larger than the average of the European Union. So we should cooperate and coordinate our assistance in order to achieve the best results.

MS. EMMA BOONA, MP, UGANDA:

I wish to take this opportunity, ladies and gentlemen, to thank this government and our presenter today for showing us the concerns other countries have about Africa. I am happy that other countries indeed see Africa as part of the whole global development; therefore, thank you for all your efforts and for the funding that is channelled towards Africa, especially in the fight against several diseases. I have a concern that I would like to bring to this meeting and one that is currently happening in Africa. The other day I was watching a film that was about Congo. The purpose of that film was to show how much exploitation is happening. We have resources in Africa which we have not enjoyed. And at the end of the day, the owners of the resources start crying about poverty. Although we say colonialism is responsible for part of our ills, I would

like to say that it is still happening in Africa. I watched tin and timber being plundered from Congo. And then within a few years, even right now, Congo will be crying for aid. I think we should also look at how we can use the resources in Africa to help Africa instead of coming later to use other people's taxes to save a situation that could have been saved many years back.

Secondly, I would like to say that the AIDS pandemic in Africa is a problem, but it would be good for many African countries to come up with a voice, call a spade a spade and give AIDS a face. The more we accept that it is a problem, the more that we in our countries accept that we are the people that should be at the forefront of creating awareness or fighting the disease, the quicker we can come to a solution. It is not good that in Africa we wait for other people to come to us instead of doing it by ourselves. Because there are things we can do in Africa, to talk about our disease, to make people aware and not to hide behind a curtain and say that AIDS will go until we come to give it a face. In Uganda, for example, we have been creating awareness since 1986 so that we are not shy to talk about it. Even at funerals, when someone is giving a speech, we are not shy to say the cause of the death, so that this stigma is now reducing in our country. We share meals with the sick; we have given AIDS a face. And consequently, the figures, though not reducing at the rate we would like them to reduce, are slightly going down, simply because we do not shy away from talking about the diseases any more, and I think this is very important.

Lastly, it is also good that we look at the investment in women, especially in education, because when there is a lot of ignorance about the diseases and the need to fight them, it normally hits back. It turns back to the women. It is very important that we increase investment in education and we increase investment in health, although we have built health centres in many of our rural settings, we still have a great shortage of staff. And when there is a health facility without trained personnel, the women and the children do not get access to it.

And finally, ladies and gentlemen, my brothers from Africa and sisters, we need to look at the problem of corruption in many of our governments. It is not fair that we blame the givers of the money. We should also blame ourselves. Where we put that money when it comes to Africa? Do we sincerely channel it where it should go? And where are parliamentarians? Are we watchdogs? Do we supervise that this money does what it should be doing? Because it is unfair, it is scandalous that people collect their money and send it to Africa and then we do not reciprocate by making that money do what it should be doing, especially in the fight against poverty and the fight against disease. Thank you very much.

DR. MYOUNG OCK AHN, MP, KOREA:

Thank you Madam Vesaite for your excellent presentation. As Dr. Maas says, I was there in Berlin for the parliamentary conference of the G8 Summit. It was productive and very enlightening. We had a very productive discussion about women and HIV/AIDS along with other political issues. For example, HIV/AIDS problem is not only a health problem, but it has become a really important political issue and a worldwide problem. I was enlightened by the fact that at the G8 conference of parliamentarians probably parliamentarians can do much more than even the G8 Summit Conference.

Even though Korea is not a member of the G8 I was there and listened to other people talking and I believe that it will probably be good for parliamentarians to have this kind of opportunity to discuss about G8 Summit issues. Even though they are not members of the G8, they have been given this opportunity to discuss about G8 meetings and G8 Summit and parliamentarians conference here. If you can prepare these kinds of things far in advance, we can have a more productive parliamentary conference next year in Japan. And I have one other thing that I would like to mention. I was over there for only one day and I had an accidental health problem of acute retinal detachment but I was lucky because the German government and parliamentarians helped me to get laser surgery on my right eye at the time. So I was very lucky. Therefore, I could not attend that meeting till the end. But I can tell you that if you attend next year's meeting here, it will be great.

The last thing I would like to talk about is that since we are Asian and African parliamentarians and if we can start more cooperation between Asia and Africa, we are going to make a better world and, as parliamentarians we can do much more than we are doing at this time. This is a really great opportunity for me to come here and to talk about this issue with you. Also I am very honoured to be here and to meet you and to discuss about these issues. And from now on, as a Korean parliamentarian I will do whatever I can do to cooperate with all of you.

MS. NUGRAHA BESOES MARYAMAH, MP, INDONESIA:

Madam Vesaite, I was very pleased to hear your presentation, and I also agree that women can play a very good role in overcoming all the problems. As a member of the Indonesian Forum of Parliamentarians on Population and Development, we call it IFPPD, I would like to make some comments. As I am a Member of Parliament, Commission Nine, which deals with health, population, manpower, health insurance, and food and drug control, I am very happy to be here to attend this meeting. But I also want to let you know that in our parliamentary system, we have one of these commissions and usually only my commission is concerned with all these

problems. As a member, we are informed more and advocate Members of Parliaments at regional levels to support the MDGs achievement because actually during our visits to the region we found that not many of the government leaders actually understood the importance of the MDGs. In our commission, we are also amending the health law, focusing on reproductive health including articles to regulate abortion and breast feeding as child rights. It is estimated that we will have 4.8 million pregnant mothers next year and 1.3 million are poor. So that is why it is very important for us to always socialize the importance and the understandings of these MDGs to the leaders in the region.

Also we are amending the population law to equal the ministry because now it is decentralized and it reduces the power of the family planning movement. So I think we still need the APDA to assist us to socialize the importance of these goals in our country. We are actually allocated health insurance from the national budget. For poor people, about 3.9 trillion rupia; but their realization is only 2.8. So I think it is not enough.

We advocate and assist the regional parliaments to develop regional regulation on HIV/AIDS prevention and care. And in our meeting with the IFPPD members, we recommended to establish a parliamentarian caucus on MDGs. The establishment is just through IFPPD. Then we are hoping that not only the members of Commission Nine of the parliament will know about this problem, but also the other commissions because the budget committee should always be involved in this, because as we all know we all need funding to overcome all these problems. Thank you.

DR. PETER DAVID MACHUNGWA, MP, ZAMBIA:

I am the chairperson for the **Zambian Parliamentarians on Population and Development**. First of all, I would like to thank the organizers for their hospitality and what appears to me excellent organization. It is indeed heart warming to note that Japan, with its history of cooperation with Africa, especially my country, continues in this regard, and that our colleagues from the European Union, the parliamentarians, are also actively working on this. But I think I want to return to one of the issues mentioned by my brother from Senegal. Our colleagues are helping us with one hand, but they are also taking from the other. When you look at issues of taking our skilled manpower, we find problems where some of our best trained doctors and nurses have gone to work in Europe. Of course, I recognize that we are becoming a global village as a world so that people can move from country to country. But if the movement is such that it makes it difficult for certain countries to maintain basic medical services, it becomes very difficult. So I do not know how this can be done, but an attempt must be made, even in the industrially

advanced countries not to target our people after they have been trained with your assistance. This is one problem.

The issue of more balanced terms of trade is also extremely important. Earlier on, there was a statement that there cannot be security in poverty. That is very true because when there is poverty, anything can happen. There cannot be unity. There cannot be security. There cannot be peace. And we have to have a more balanced trade for our services, for our products. This is extremely important. And I am glad that we are discussing this as we are going towards the TICAD IV and also the G8 because these things are interlinked with political decisions and economic decisions.

Now the problem is that economic interests of countries, especially the powerful, tend to encourage conflict and poverty in our countries. Look at the drugs. There has been a lot of research in Asia and other countries, towards coming out with drugs that can effectively combat things like malaria. But now in the same countries again, we are getting a multiplication of fake drugs that are coming, which make it very difficult to fight malaria. Recently, even fake drugs to deal with AIDS have come on the market. In some of our countries, we do not have the equipment to be able to detect these drugs. We have had problems, for example in Darfur, Sudan. It has been difficult for some time now to reach a solution because of economic self-interest of certain powerful countries, which makes it very difficult. So there are these difficulties. But I also want to end with an appeal that some of the aid that we are getting needs to be more targeted, especially towards the rural areas. Maybe I must declare my own interest as I am a rural MP. In my constituency, for example, not all children are born in health centres; they are born in the village. Now you even need to have resources to give basic education to traditional birth attendants. Sometimes even getting funding for that is extremely difficult. I would hope that institutions like IPPF and UNFPA and others would try to target some of these issues so that the issues of training, with HIV/AIDS, that has been getting a bit of attention from the world, but these other issues I am talking about do not get as much support as they deserve. So I would like to hope that our colleagues, not only from the European Union but also from the Asian population groups, would be able to try to work with us and assist us in that regard. We will pledge on our side to try to do what is necessary. But also let us influence your governments not to fund conditions in the developing countries, especially which create conflict, poverty, migration, and all these related difficulties. I would like to thank you.

MR. YASUO FUKUDA, MP, JAPAN (CHAIR):

I am sure many others would like to discuss, but time is almost up. Would you make a final

comment?

MS. BIRUTE VESAITE, MP, LITHUANIA:

Of course, I agree with my colleague from Uganda that good governments must fight against corruption to use the international development aid efficiently. It is essential that every penny should be used accordingly to the plan because it is the money of European taxpayers. It is very important for European parliamentarians to have study visits. I joined the visit to Uganda, and before this visit I was not certain whether or not we have to assist Africa because I am not coming from a very rich country. After this visit, I was ready to kiss my Lithuanian soil and say to my fellow parliamentarians that of course we should assist Africa.

Concerning the brain drain, it is a universal phenomenon in the world. I should say that researchers from the European Union and also medical doctors are migrating to the United States because salaries are higher. I come from a new member to the European Union and we have a big shortage in labour force and medical doctors as well, because they are migrating to Norway, to other European Union countries, and to Great Britain. So you cannot stop people from seeking the better bread with butter because it is a universal human right. But I agree that it is a problem of native countries to find incentives because I have been to Uganda and the salaries for nurses are very low and probably the same in Zambia. And of course, thinking about donors, how we can manage to lead people where they are needed mostly. I would like to thank you for your views and ideas that are very central and important.



MR. YASUO FUKUDA, MP, JAPAN (CHAIR):

Thank you very much. I think many of the discussions were from a very important and sensitive place. As our speaker Ms. Vesaite has said, the brain drain, resources drain, these are very crucial issues for African countries. But how can we redirect those problems. They are rather sensitive and difficult issues. That is why it is important for us to get together to discuss things among us. But in this session, we are not able to discuss due to the time shortage, but we must do that in relevant sessions. So with this, we will conclude the first session, having heard from Ms. Birute Vesaite and the comments and discussions that followed. Thank you so much.

Session II

**“Toward Sustainable Development of Agriculture in
Asia and Africa Under Increasing Population and
Decreasing Resources
—with Emphasis on Rice Farming—”**

Session II

“Toward Sustainable Development of Agriculture in Asia and Africa Under Increasing Population and Decreasing Resources —with Emphasis on Rice Farming—”

Resource Person:

Dr. Takeshi Horie, President, National Agriculture and Food Research Organization

Chairperson:

Dr. Myoung Ock Ahn, MP, Executive Committee Member of CPE (Korea)

DR. MYOUNG OCK AHN, MP, KOREA (CHAIR):

Now we are going to have Session II, I would like to introduce the excellent presenter Dr. Takeshi Horie. Dr. Takeshi Horie, president of the National Agriculture and Food Research Organization (NARO), Japan. He is also on the Board of Trustees of West Africa Rice Development Association (WARDA). Among many other great achievements, he received the Science Award of Agricultural Meteorological Society of Japan in 1986, and the prize of Japan Agriculture Science Society, Yomiuri Agricultural Science Award in 1999. He has many, many more lists of experience and academic background, but I think at this moment I am going to introduce Dr. Takeshi Horie, and then he is going to give his presentation.

DR. TAKESHI HORIE, NARO:

I want to thank you very much for giving me this opportunity to make the presentation under this theme, “Toward Sustainable Development of Agriculture in Asia and Africa under Increasing Population and Decreasing Resources with Emphasis on Rice Farming”. That is the title under which I will be speaking, and the main contents are broken down into four parts. The first, “agriculture, population resources, and environment are interdependent problems” is what I want to say. The second point is that lowland rice culture came from Asia mostly, but this is the most stable production system that humankind has ever developed. The third point that I would like to talk about is the new way for improving rice farming developing in Asia and Africa, called the “System of Rice Intensification”, in other words, SRI. So I want to make a comment on that. As the last point, agriculture, environment and poverty are major problems in Africa, and how can we develop sustainable rice farming in Africa to resolve those problems?

Let me start out with the first topic; “population, agriculture resources, and environment are interdependent issues”. That is the first point that I would like to speak of. Looking at the population increase in the last 50 years in Asia and Africa and per capita production of cereals rice, wheat, and maize in Asia and Africa, the population in the last 50 years has more than doubled in Asia and Africa (Figure 1). Crop production is also increasing, but as for per capita production, we hit the peak at the end of 1990s, and from then it has not been increasing very much. The production has levelled off not because everybody has enough. The production levels off despite the fact that we need more production for a large number of starving people.

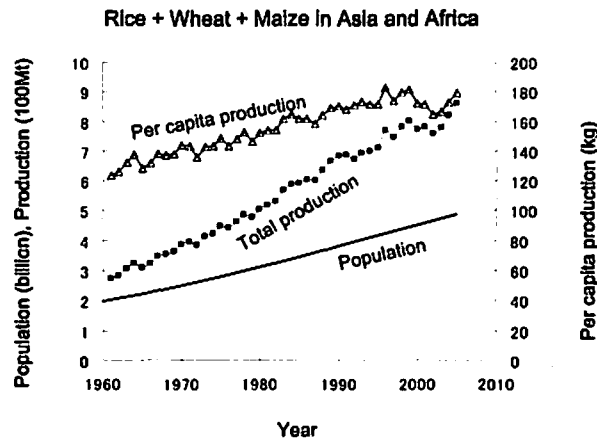
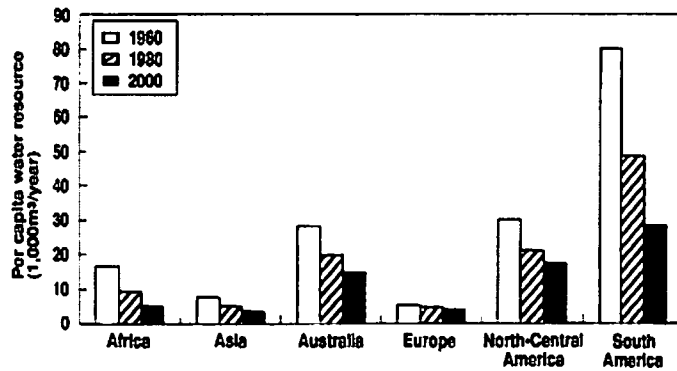


Figure1 Yearly changes in population, and total and per capita production of cereals (rice + wheat + maize) in Asia and Africa (FAO 2007)

Here, we are looking at the water resources in the 1960s, 80s, and 2000 (Figure 2). And we are looking at per capita water resources available in Asia, Africa, Australia, and Europe. In Asia and Africa, per capita available water resources have decreased to a very low level. In South America, Australia, and North/Central America, high-level per capita water resources are still available. So the issue is how we make the production in Asia and Africa where we see per capita water resources declining.



Changes with year in per capita water resources by regions
(Adapted from FAO, 1996)

Figure 2

From the 1950s we had a very high yield of rice with per hectare yield at 6t. In China, hybrid rice has been developed. And China also has the same level of productivity. That is 6t/ha, so we are all hitting the ceiling. Indonesia and India are gradually increasing per capita, but not rapidly. Cote d'Ivoire in Africa is at a much lower level of rice yield. So depending on the country, productivity levels are very different. What is the reason for the difference in productivity? Firstly, we had a "Green Revolution", and in the 1960s up until 1980s, there has been a rapid increase in irrigated farming. But that is also hitting the ceiling, because we are not finding new technology. As for the rain-fed rice farming, the crop yield has not increased.

About one-half of the rice farming throughout the world is irrigated. Rain-fed lowland area is 34% and upland area rice farming is just 13% of the world's rice production area. Upland, which means slash-and-burn, only yields 1 to 2t/ha. For irrigated rice farming, the yield is 3 to 9 t/ha and rain-fed lowland is about half of that. Rain-fed and upland productivity remains low.

What is the problem with slash-and-burn? In Laos from about the 1950s, there was a fallow period for 35 years. But during that time, the population increased by three times, so the fallow period became shorter and shorter. The fallow period is now two years, not 35 years. So the soil has been abused. So you have ash, and people say, "Don't burn," but they have to burn in order to plant seeds, or plant seedlings, in order to grow food for them to eat. So if you have a long period of fallow, you can get 2 t/ha, but when the fallow period is short, the production is very unstable or they can get no crop at all in some years. Also, if you give it back to the forest long enough, you do not have weeds. But when the fallow period is short, again the weeds grow. Also, soil has a certain amount of carbon. After one burn, carbon is released. It takes 20 years for the

carbon to be accumulated in soil. So if you burn one time in 20 years, it can be sustainable. But if you have 2 years of fallow rotation, the carbon becomes depleted in the soil. Slash-and-burn has continued for 1,000 years in Asia, but no longer. If they continue to slash and burn, there will be refugees because they will not be able to grow enough food to sustain the population there. So that is my warning. Short fallow period is a problem.

Population, agriculture and the environment are interdependent so we have to find ways of sustainable cropping. Otherwise, it cannot be sustainable. From this, I can say that, as a conclusion, high productivity and sustainable agriculture is an urgent problem that has to be tackled.

The second point is that the rice paddy crop is the most sustainable and stable crop production system. Lowland rice culture is most sustainable. Why? There are 5 points as evidence. First point, rice is a cereal with perfect composition in essential amino acids, and it is easy to cook. And the second point is that rice is a crop that can grow even in water. Maize cannot grow in water, but rice can grow in water. The upland and lowland rice can be cropped in both. So for developing countries, rice is a very important crop, I believe, because many of the developing countries cannot control rain. When there is rain, you have floods. When there is no rain, you have dry weather leading to drought. So rice is the only crop that can grow in flood and drought.

The third point is that rice produces a higher yield, and it is more stable than most other crops. This applies to both developed and developing countries. The fourth point, upland fields reduce soil carbon and nitrogen from continuous cropping. But lowland fields maintain or increase those elements even with continuous cropping and weed- and soil-borne diseases can be significantly controlled.

As for the first point of the amino acid composition, rice has an ideal composition. Among the essential amino acid, rice lacks only lysine. All the other essential amino acids can be found in rice. But wheat and maize lack three or so essential amino acids, so rice has the most ideal composition.

Now I will discuss stability of rice production. We are looking at 4 regions, Japan, China, USA, and West Africa, comparing rice and wheat and soybean growth (Figure 3). In the U.S., it is corn, rice, and wheat. Looking at the yield in the last 20 years in Japan, there has been a very high yield of rice and low wheat, the same also applies to China. In West Africa, also, as an average of 16 countries, the rice has the highest yield followed by corn with wheat being unstable. In the

case of the U.S., corn has the high yield. The CV, that is the coefficient of variation, in every country, every field, rice is the most stable crop. Even in the U.S., the higher production yield is corn, but there is a CV of 8.9. Rice only has 7.2. In West Africa, rice has a very high yield, and the CV, is about 5. So corn has a very high CV, but rice has very low.

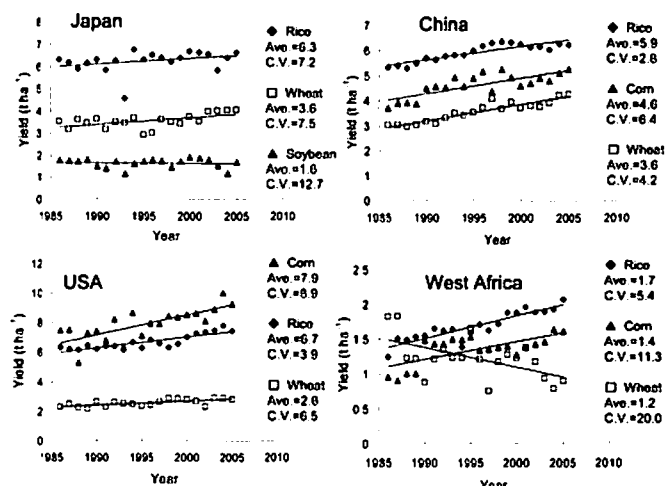


Figure 3 Yearly trends and coefficient of variation (C.V.) in the yield of rice and other major crops in Japan, China, USA and West Africa

Moreover, lowland rice is very stable and sustainable and has a very high yield. As long as we have lowland rice, the productivity does not decline, but if you change the rice paddy into the field and grow soybeans there, then the yield comes down. Even if you use fertilizer, the productivity goes down. When you cultivate rice in the paddy field, the carbon will be accumulated inside the paddy field, and also nitrogen content will be accumulated. But when it turns to dry land, carbon and nitrogen accumulation will decrease. So when it is dry, those nutrients will go down. But when it is a paddy field, these nutrients will increase. So in that sense, it is sustainable and efficient, and you can expect high sustainability.

So my conclusion here is that the ancient civilizations were developed along the big rivers of Nile, Tigris and Euphrates, Indus, and Yellow River. But the paddy fields are just like man-made small flood plains. And as I said, paddy field rice cultivation was the basis of development in Asia. And in Asia we have seen this trend of the “System of Rice Intensification” (SRI). SRI is a kind of rice cultivation method developed by the French Priest Henri de Laulanié who went to Madagascar as a Christian missionary. But because the people there were so poor, he concentrated on the rice cultivation method, and he developed the SRI. Since 1997, this SRI has been disseminated through various NGOs in various countries and has been tested in various countries so far. For example in Indonesia, the yield has increased by 52%, and water use has

been reduced by 44%. And the cost has gone down by 25%. Net income has increased by 128%. This is the result in East Indonesia by introducing SRI. I will explain SRI in detail later using some diagrams.

Now, what is the difference between conventional rice cultivation and SRI? First, you use very young seedlings which are planted individually so there is a bigger space when you plant the seedlings. They are planted when the field is dry rather than wet. According to the traditional system, a bunch of seedlings are planted in a group, and the space is smaller. Then you flood the paddy field and then dry it, and after a while you flood it again and then make it dry. There are many weeds, however, which will need to be weeded by hand. In the end, although the seedlings were very young and small, the product of that rice cultivation is very good. What they are triumphant about in Indonesia is that this SRI that has been disseminated through Indonesia by NGOs has yielded good results. Recently President Yudhoyono went to see a paddy field in East Indonesia, and now they have introduced a policy in Indonesia to disseminate the SRI nationwide.

Madagascar is a hilly country, and unfortunately because there is not so much forest anymore, the rice cultivation is now very unstable. So the farmers have introduced SRI because if you use the conventional seedling, you cannot really cultivate good rice. But if you use SRI, you can cultivate good rice even in the Madagascar environment.

Now let me conclude the point for the SRI. SRI is applicable to semi-irrigated and irrigated lowland rice. But it cannot be used for rain-fed rice. SRI has high productivity and high efficiency. Developing countries have limited resources but they have plenty of labour. So you can compensate for these limited resources through labour intensive productivity. In Japan, this similar method was implemented during the 1960s. But you cannot just simply apply this SRI method to any country. You need to have a field test and trials, and then it is only after that that you can fully introduce SRI.

And number four: "Toward sustainable development of rice farming in Africa". I have five points I would like to talk about. First, African rice cultivation is really diverse. Recently a new rice type called NERICA, the new rice for Africa, was invented, and we still do not know its potential. And the third point, you may wonder about this, but there is a lot of potential for development of paddy fields in Africa. So it is a challenge for us to develop this rice farming system in Africa. In doing so, finally, I think we need to pursue cooperation between Asia and Africa because the experience in Asia can be applied to Africa.

Now first, let's talk about diverse African rice cultivation. There are 16 countries in West Africa. There are forest areas with high rainfall, Guinea savannah zone, Sudan savannah zone, Sahel zone, and desert areas with low rainfall. As the latitude goes up, the rainfall goes down. The amount of rain decides the cultivation. In the case of Sahel zone, you can cultivate rice only for 90 days. So for these areas, you need to irrigate the land. And actually people are already irrigating the land to cultivate rice in Sahel zone.

In Sudan savannah zone, or Guinea savannah zone and forest zone, they have enough land and water to cultivate rice. Since 1961, the production of rice has been increasing. In 16 countries, about 12 million tons of rice has been consumed. So rice has become a staple in Africa. But they are producing only half of that consumption themselves, and the import of rice is increasing. The self-sufficiency of rice is only 60% (Figure 4). West Africa is a very poor area, and these poor countries have to pay a lot in foreign currencies to import rice, and that is really an obstacle to the development of this area. So how we can introduce sustainable rice cultivation methods to Africa is, I think, really crucial for the development of this whole region.

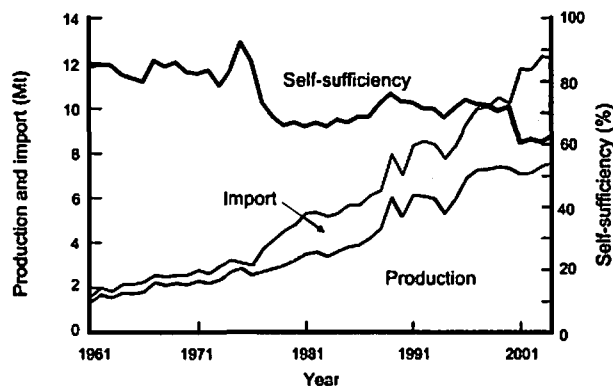


Figure 4 Yearly changes in rice production, import and self-sufficiency in West Africa (Sakurai, 2005)

The African land is a kind of slope from upland to lowland. On the upland, they are cultivating such crops like upland rice and corn, and then when you go to the lowland, it is wet. Each place has its own problems. On the upland, there are not enough nutrients and there are many diseases, and the problem of drought is prominent. Also, weeds are a problem anywhere. Soil erosion is another problem. When you go to the lowland, there is iron toxicity. So there are many problems

that should be solved.

Even in the case of Africa, irrigation is only about 10%. Mostly it is rain-fed lowland or rain-fed upland rice farming. The lowland is very different from the Asian lowland. It is a kind of swamp. And they cultivate this land to make paddy fields. The first difference is there is no groove. In Asia they always have a kind of gutter or groove. That is where the nutrients are accumulated. But unlike those Asian paddy fields, in African paddies, that kind of nutrient accumulation is very difficult since there is soil erosion. Therefore, the paddies are not effectively used. Even in Africa, there is a small kind of valley and an irrigated rice field. In this kind of land, the rice cultivation is very close to that in Asia.

Now I would like to talk about a rice type called NERICA. The rice we are eating is Asian rice called *Oryza sativa*. In contrast to that, NERICA is an inter-specific hybrid between African rice, *Oryza glaberrima* and Asian rice, *Oryza sativa*. It was first developed in 1994 by Dr. Monty Jones, an African breeder of WARDA. NERICA stands for the “New Rice for Africa”. African rice has low productivity, but it is highly resistant to the diseases and insects of Africa. Because this strength of African rice is combined with Asian rice characteristics, we will be able to make the African rice highly effective and productive. So far, 18 upland NERICA and 60 lowland NERICA fields have been developed and it has been disseminated to about 150,000ha in Africa. This has been achieved by Japan’s development aid. NERICA shows high resistance to African diseases and other insects and the yield is moderate. So we are trying to introduce as much good genes as possible to NERICA so that NERICA has the potential to contribute to the rice production of Africa.

When you produce rice in Africa, there are many diseases. For example, RYMV is an African-specific disease. NERICA has African properties so it is resistant to these diseases. Some NERICA types show even higher productivity. Also interestingly, some NERICA types have high protein content; *glaberrima* usually has about 8% protein content, and Asian type has about 10% or less protein content, but the hybrid NERICA sometimes has about 12% protein content. High protein content is extremely important for Africa; therefore, NERICA is the type of rice that is being highly expected. But agriculture problems in Africa are not that simplistic. There are many other problems that have to be solved, such as land and water problems.

Is there any room in Africa to have paddy fields? According to WARDA research, in West and Central Africa there are many inland valleys with an area of about 2 billion to 4 billion ha. These inland valleys are very suitable for rice cultivation because of their natural slope. By using that

slope, the land can be irrigated. So I would say that Africa has a lot of potential to develop these inland valleys for rice cultivation.

And by using these inland valleys, how can we have a sustainable lowland rice production? In my opinion, they need to have a three-step approach. The swamps should be converted to paddy fields. And to do that, you need to level the field. Also, you need to surround that land by a levee so that nutrients can accumulate in the paddy field. Next, irrigation or drainage channels and irrigation infrastructure should be developed, so that you can semi-irrigate the lowland. And at last, if you can build a dam, it will make a perfect paddy field. But you cannot do it all at once so you have to have a step-by-step approach. And this will be the basis for rice production. Further, other necessities include seed multiplication, and you need to have a supply system for the seedlings. Post-harvest facilities like a thresher and mills are necessary. Furthermore, you need transportation infrastructure in order to transport the rice to the market. Also you need capacity building or training of farmers. So you need to have a comprehensive approach in order to make it a success. In fact, there are JICA projects under farmer participation; they started a project to develop paddy-fields. Professor Wakatsuki of Kinki University initiated this project. The farmers cultivated the land and levelled the land and then surrounded it by a levee. By doing this, the soil is improved and they will have more nutrients accumulated and the soil will be sustainable.

In Madagascar, they do not have an irrigation system but they have some inland valleys. They grow the crops in the inland valley by constructing the rice paddy with channels that have both functions of drainage and irrigation to provide a stable yield and higher productivity. If you develop these inland valleys further, irrigation channels will be made. It is an easy process of creating the paddy and then providing the water for it. The water flow can be controlled, hence it would be best if there is a dam. This will create a stable crop yield that will empower the farmers who are growing rice. If we can finish these rice paddies, we will be able to expect a sustainable yield, and can mobilize these people to work on the rice paddy. Once the rice paddies are finished, we will have very strong rice. It is not that different from Asian rice production which has a very high yield. So the farmer is able to feel satisfied from the production of a high quality rice crop.

In order to achieve this, Asian rice farming experiences should be shared. China has 7,000 years history of rice-growing, and we have 2,000 to 3,000 years of history of rice-crop growing in Korea and Japan. These experiences should be shared, and we should provide more assistance to others in terms of sharing our experience. In Japan in the 1960s we planted rice with our own

hands and did the weeding by hand. I was born into a farming family, so I used to help my parents when I was 10 years old and we used to do the rice-planting like this. After we finished this rice-cropping we could expect a stable yield. Fifty years later the type of rice cropping that is taking place in Japan is very different. We use machines to pick the rice and then we can do the threshing. We now use unmanned helicopters to sow the seeds and remote-controlled robots that do the planting. This is possible with the use a GPS system; the satellite sends out the radio waves; they look at the rice paddy and the robot does the planting by itself. This change has occurred in just half a century. That is because we had good, stable rice paddies. As long as we have good, strong rice paddies, we can guarantee sustainable production and nutrients will be accumulated in the rice paddy. Fifty years later all we need to do is apply the new technology to further increase production efficiency. You have to level the land and surround it by the levee or the ridge. The farming population in Japan has become much wealthier, and they have had much more education. The villages will have a much better medical care system, and we were able to eradicate poverty.

So my conclusion comes to the point that with rapid population increase and resources becoming scarce, future food security in the environment of Africa and Asia has to be enhanced. Therefore it is urgently required to establish an efficient rice paddy system, in order to have a sustainable and highly productive agricultural system, and to make full use of our environment, we need those previously mentioned conditions. We do see some possibilities, positive signs lately in Africa. We have these inland valleys that have much more room for investment. We also have NERICA and new technologies in Asia. So by using these aspects, in order to create sustainable rice paddy development we need more assistance from Asia when it comes to technology development and technology transfer and capacity building. More cooperation and support are necessary in that field. I would like to close my presentation with these conclusions.

<DISCUSSION>

DR. MYOUNG OCK AHN, MP, KOREA (CHAIR):

I am so grateful that his excellent presentation helped us to expand our scientific understanding of agriculture, especially focusing on rice farming. Rice, in Asian countries, probably in Africa as well, is very important I believe. In Korea we cannot survive without rice even for a day. That is our common understanding about rice. Mr. Horie really emphasized that there are newly developed technologies in agriculture including GPS and the robot system which are already

available, so by sharing our advanced technology and experiences in Asian countries with the African experiences, we can improve development of agriculture, and then we can make a better world to improve our food security. Now the floor is open for discussion. Any comments? Yes, Uganda, please.

MS. EMMA BOONA, MP, UGANDA:

Thank you very much for the presentation. I wish to make a comment and ask a question. For the last century Uganda has been growing rice, both rural upland rice and wet paddy field rice. However, production is limited to a few districts. Recently our Vice-President started a major drive for growing upland rice, especially NERICA. We attended a presentation by Japanese investors who came and addressed the parliament. Each Member of Parliament then tried to find out where this rice can grow with our rainfall pattern. We do not have plenty of rain throughout the year. But our question regarding that presentation was, and I am sorry if my question is naïve, because we are not major rice growers, but we have a problem of chasing off birds. Due to this problem, when it becomes the rice harvest season, many children are kept from school for the purpose of chasing away birds from the field. In your presentation I did not see any problem of birds. What do you propose we can do about the birds during the rice harvest? Thank you very much.

DR. TAKESHI HORIE, NARO:

Birds cause damage to rice in Japan, Korea, and China, too. However, once the rice growing area has expanded, the damage becomes negligible. If you grow rice in a small area, the birds attack in a limited area. Once the area expands and becomes a certain size, the damage becomes less serious. For example, in Japan we are losing approximately 5 to 10% of rice from birds. But this is not so serious. However when the cultivation area is small, it is a very serious problem. If it becomes a large enough size, it is not so serious. That is our experience. I think it is true in Nigeria, for example, and much larger rice-growing areas.

MS. ABIKE DABIRI, MP, NIGERIA:

Your presentation made rice cultivation appear so simple and easy and something anybody can do. I thank you very much, and I hope we can go back and be agriculturists. Nigeria is a rice-growing country, but I just wanted to ask you a question. You have given us much information about NERICA and SRI. These are terms I have heard for the first time. Is there anything that your research institute is doing in our country that can assist us to learn more about this? I want to know to take this back home and find out whether there can be areas of cooperation between the two. Because I am sure we do not know anything about this new rice

initiative that you just told us about. I want to know what we can do, how we can partner and see what we can do about that back in Nigeria. Thank you.

DR. TAKESHI HORIE, NARO:

First, NERICA is developed in the West Africa Rice Research Centre, WARDA. WARDA is an international organization supported by the Consultative Group for International Agriculture Research (CGIAR) and at the same time supported by the government of 16 West African countries. Nigeria is also a supporter and an important member of the WARDA Society. The former Director General of WARDA was Kanayo Nwanze, who was from Nigeria. Here you can get plenty of information and even the seeds from WARDA which is now located in Benin. SRI is a package of technology, and when you apply this technology, you have to be very careful. First, you have to prepare flat land and you have to irrigate it carefully. Without this infrastructure, SRI will not give you a good yield. Anyway, much information is available through WARDA. I am also a board member of WARDA. Many Japanese and JICA people are working there. Also, a WARDA branch is now located in IITA campus in Nigeria. Do you know the International Institute of Tropical Agriculture (IITA)? In Ibadan. Here you can get information on it.

MS. BIRUTE VESAITE, MP, LITHUANIA:

I am really impressed by the use of new technologies in agriculture. But my question is about GMOs. You mentioned that you introduced a gene that produced a sort of rice not so sensitive to African insects and diseases. What is the perception of GMOs in Japan and Africa? Because in the European Union, it is a very sensitive issue and the use of GMOs is limited.

DR. TAKESHI HORIE, NARO:

First I have to tell you that NERICA is not a GMO. NERICA was developed through a normal crossing. So NERICA is not a GMO. Apart from this, also there is some resistance in Japan and also in Africa to GMO. Because of the safety of the food and its influence on the ecosystem, there is much opposition. On the other hand, gene-transfer biotechnology is a very useful technology to develop productive rice or crops, and some introduce disease resistances. So scientists need to discuss with consumers to develop public acceptance to this issue, I think. Thank you.

MR. EL HADJI MALICK DIOP, MP, SENEGAL:

I would like to give the great commendation to Dr. Horie. Thank you very much for your presentation. It was a wonderful story. It was a perfect presentation with a set of data. Let me

talk to you about the rice in Senegal. We have a paradox regarding rice, because our country, Senegal, is always in the red, because we are importing rice from Asia which we are consuming. We have been importing rice for the last 100 years, so trade is in the deficit for rice. We wanted to resolve the problem by introducing rice farming in Senegal. The rice farming occurs in Cazamance, a region in the southern part of Senegal, where there are paddies with salt content and a river along the border between Mauritania and Senegal.

Our food is basically rice and fish, and that is the daily diet of Senegalese, but 70% is imported from Asia. Fish are very rare to find in Senegal and the young fishermen have gone to Italy and France, so we do not have very many fishermen left in Senegal. From the small amount of fish that we catch, the better quality fish are exported to the European Union. We also crop peanuts and we have peanut oil; peanut oil is created in Senegal. Peanut oil is too expensive for any Senegalese to purchase. So even though we make the peanut oil in Senegal, we cannot buy it because it is too expensive. So we have to buy sunflower oil. Senegal is an agricultural country, and GDP is basically from the primary sector. But for more than 100 years, we have been importing rice and we have not been able to resolve that paradox.

Going back to your first conclusion, we have to accept your conclusion because we do not always have water. The Sahel countries must manage water. We cannot just depend on precipitation. We only have three months of precipitation in one year. So we have to resolve the problem of managing water resources, and resolve the problem of food shortages. The rain-fed rice farming is the answer, I think, to resolving this rice paradox.

Let me just talk about the role of parliamentarians like us. I believe the role of our parliamentarians is to support this sustainable development and promote rice farming which the unit of production may be small but I think we have to expand that. Because we are elected representatives of the people, we have to put in place many incentives and measures that will encourage people to farm rice. We could introduce laws for tax incentives, therefore we must start out by discussing these issues inside the parliament. That has to be incorporated into the tax system so that the promoters in the private sector can accept rice farming.

DR. PETER DAVID MACHUNGWA, MP, ZAMBIA:

I am not an agriculturist, and I know very little about agriculture. However, I am quite impressed with this presentation. I am actually embarrassed because I do not know if we have NERICA rice in Zambia. If I had known that there was a presentation on it, I would have tried to find out from the Ministry of Agriculture. But I doubt if we do not. I do not know if the presenter might

know if maybe JICA or some people are doing some research on it in Zambia. But all I say is that we have certain areas of the country where we grow some rice, but the rice that we grow is not enough. In fact, we import rice from Thailand. And what is surprising is that rice coming from Thailand is cheaper than rice that is grown in Zambia. When you consider the transportation costs, obviously there is something wrong with that. We should be able to produce rice more cheaply in the villages. We have certain areas, some wetlands where we grow rice. So my request is to provide a little bit more information on this so that I can find out if it has started there or we can try it out.

DR. MYOUNG OCK AHN, MP, KOREA (CHAIR):

Before Dr. Horie comments, the last question from Dr. Tien from Vietnam. Very briefly, please.

DR. NGUYEN VAN TIEN, MP, VIETNAM:

Twenty years ago, Vietnam had the same problem. But after one or two years, from a change in policy, Vietnam changed from a rice importing nation to a rice exporting country. What is the mechanism concerning land ownership in Africa? In Vietnam land ownership was one big issue for the development of rice industry. And secondly, how much does the government in Africa invest for irrigation programs? Based on that, we can recommend to G8, Africa and Asian parliamentarians what ODA from G8 can focus on. And it should focus on poverty reduction, especially on developing irrigation programs and also on introducing high-yield rice. It is suitable for our forum concerning population issues and poverty reduction. Thank you.



DR. TAKESHI HORIE, NARO:

First question, about NERICA. I am not sure if NERICA seeds are available in Zambia. But in Uganda, there are plenty of NERICAs. Also many Japanese workers, JICA members, are collaborating. And I think you can get information from them and also from WARDA, West African Rice Development Association.

Vietnam was once an importer of rice and now is a strong exporter of rice because you have very good irrigation systems already and people work very hard. In the case of the land tenure system, that is also a very critical problem in Africa. Because land tenure in some countries belong to the government, and this problem needs to be solved within the country. Another point in Vietnam is that your government showed strong leadership for rice culture development for self-sufficiency. Your government has kept this policy for a long period. However, in Africa the government policy changes so quickly, which is one of the problems. So one thing I would like to mention is that self-sufficiency in rice and also having stable food are very fundamental to the development of society. Politicians should keep a constant policy. I think that is very important. What you have mentioned is very important. Thank you very much.

DR. MYOUNG OCK AHN, MP, KOREA (CHAIR):

This is a very important subject of food security and, as MPs, we have lots to discuss, but I have to close this session because of time constraints. Thank you so much.

Session III

**“Rural Development, Health and Population Issues
in Japan”**

Session III

“Rural Development, Health and Population Issues in Japan”

Chairperson:

Mr. Tuang Untachai, MP (Thailand)

MR. TUANG UNTACHAI, MP, THAILAND (CHAIR):

We have session III now. Our first topic “Demographic Transition and Social and Economic Development: The Case of Japan” will be presented by Dr. Makoto Atoh, who is currently a professor at the Department of Human Science of Waseda University, Japan. In 1993-2004, he was Associate Representative of Japan on the United Nations Commission on Population and Development, and he served as chairperson in 2001. And he held a position as Director-General of the Institute of Population Problems and the Deputy Director-General of the National Institute of Population and Social Security Research.

And the second topic is “Community-Based Approaches to Infectious Diseases”. Dr. Hidesuke Shimizu is currently an honorary professor of Jikei University School of Medicine in Japan. He is President of Japan Society for Occupational Health, and Director of Japanese Society for Hygiene among many other prominent positions. In 2005 he received a testimonial from the Minister of Health, Labour and Welfare.

And the third topic is “Community Development in Postwar Japan” by Ms. Kayoko Shimizu. She is Vice-Chairperson of APDA and is also currently Chairperson of Shimizu Kayoko Policy Research Association. She is a former member of the House of Councillors and former Chairperson of Research Committee on Aged Society with Declining Birthrate of the House of Councillors. Ms. Shimizu also served as Minister of State, the Director General of the Environmental Protection Agency in 1999.

“Demographic Transition and Social and Economic Development: The Case of Japan”

Resource Person:

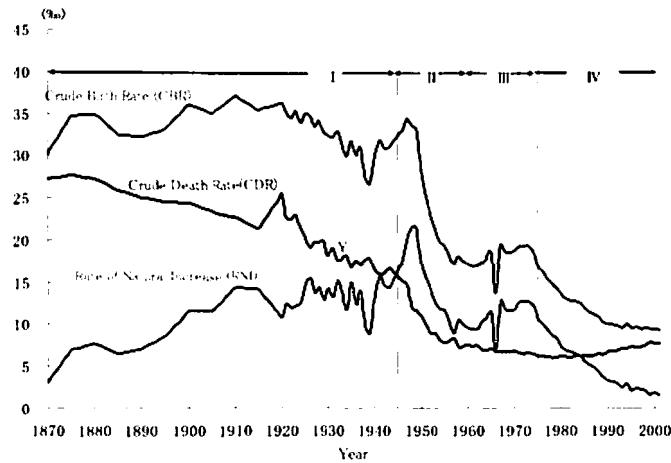
Dr. Makoto Atoh, Professor of Waseda University, Japan

Today I would like to talk about demographic transition and social and economic development in the case of Japan. I am actually specialized more in the recent very low fertility and aging and population decline. But today I would like to focus on fertility transition between just after WWII and up to around the middle of the 1970s.

First of all, I would like to talk a little about the demographic transition in Japan. The Japanese population has changed dramatically from the last quarter of the 19th century when the centralized Meiji government was established and the economic development and modernization processes started. This population change during the past 135 years in Japan can be described generally as a demographic transition. Japanese population, starting from the stage of its stagnation due to both high death rate and high birth rate in the pre-modern Tokugawa Japan continued to increase during the stage of high birth and low death rate, and ceased to increase finally due to both low fertility and low death rate today. This long term period can also be described as a process in which Japanese people have come to enjoy an affluent life because economic growth far outpaced population growth on average in the past 135 years.

This is a figure (Figure 1) of demographic transition in Japan. The period of population change during the past 135 years is divided into four demographically distinctive eras. The first era is before the war; the second one was just after the war up to 1960; the third stage was 1960 to the middle of 1970; the fourth was thereafter. In this presentation I would like to focus on the second and third stages. The second one is 1945 to 1960, which is the period of The Achievement of Fertility Transition. The third period between around 1960 and the middle of the 1970s is the era of population bonus. I would like to place a special emphasis on the causes and consequences of fertility transition. Through this effort I would like to uncover the intricate interrelationship between demographic transition and social and economic development in the case of Japan.

Figure1. Demographic Transition in Japan : Crude Birth rate, Crude Death rate and rate of Natural Increase



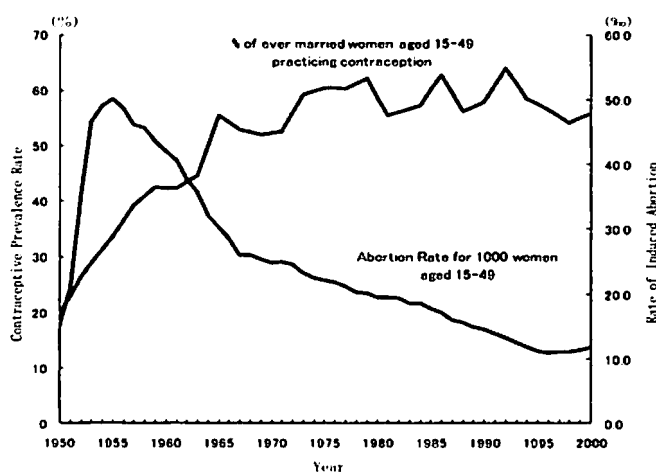
First, I would like to talk about the fertility rate just after the war. Japan started the modernization process during the Meiji Restoration in 1868 and it was the beginning of modern economic growth. Between the end of the 19th century and the period just before World War II, the Japanese economy rapidly expanded accompanying industrialization and urbanization. Demographically, while fertility declined only modestly, at least from 1920, mortality continued to decline much more sharply, which accelerated the widening gap between fertility and mortality.

But World War II interrupted Japanese economic development. While economic production was halved from its pre-war level by the war, Japan resumed development efforts under the General Headquarters of the Occupied Army and recovered the pre-war level of economic production by the middle of the 1950s. Politically, the new constitution was enacted in which people had sovereignty to govern and the principle of gender equality and the freedom to express opinions and beliefs of individuals were secured in this constitution. Also in the new civil code, a type of patriarchal family was abolished and the nuclear family became its model in the civil code. Also, the disorganisation of “*zaibatsu*”, a few dominant corporate groups, and heavy taxation for people with large assets and properties, and especially land reform and three acts for workers’ rights, were directed by GHQ, and contributed to the equalization of assets and income among Japanese people just after the war. This great transformation of political, economic and social structures seems to have liberated aspirations for upward mobility among farmers and workers, which had been suppressed before the war by the inflexibly unequal social structure in pre-war years. This contributed to both fertility transitions and rapid economic growth thereafter.

Demographically, the 15 years just after the war were an important turning point period in modernizing Japan. This is because Japan completed both fertility transition and also epidemiological transition substantively in this period, which decelerated population increase and started population aging. From 1947 to 1949, the total fertility rate, average number of children per woman, jumped up to around 4.4. But just after this baby boom, the total fertility rate decreased very precipitously. The post-war dramatic fertility decline in the 1950s can be seen as the second stage of fertility transition. Compared to the first stage before the war, in which fertility decline was moderate mainly due to a rising age of marriage. The change in the second stage, the post-war fertility decline, was very rapid mainly due to a decline in marital fertility. Actually, the average number of children born for completed families decreased rapidly from around 5 children on average to 2.3 children on average.

How could such rapid fertility transition be possible in this period? The substantive liberalization of induced abortion through the enactment of the Eugenic Protection Law in 1948 was crucial. The control of unwanted births was made possible by abortion. Before, a wide prevalence of contraceptive behaviour and family limitation prevailed among married couples. Contraception started to prevail among married couples by cooperative efforts with various NGOs, large firms, local communities, and the government. It is estimated that the effect of regulating fertility by contraception surpassed that by induced abortion by around 1960. Contraceptive prevalence rate increased from about 40% around 1960 to about 60% among married couples in around 1970 (Figure 2).

Figure 2. Contraceptive Prevalence Rate and Rate of Induced Abortion



Why did family limitation defuse so fast in this period? There seems to be at least two main reasons. First, the process of modernization before the war, including industrialization, urbanization, the establishment of compulsory primary education, and the decline in infant and child mortality, may have nurtured the motives for family limitation already in pre-war years in Japan. Since abortion was illegal and birth control movements were suppressed by the government in pre-war years, the availability of effective measures of fertility control was strictly limited in pre-war years, and the family limitation among married couples could not acquire societal legitimacy. The liberalization of induced abortion and birth control movements supported by the government made family limitation legitimate among married couples and provided people with effective methods for it.

Secondly, the social and economic situation changed dramatically after the war. Japanese people faced starvation just after the war, and they continued to feel a so-called relative deprivation because they experienced lower levels of living than the pre-war levels, at least up to the middle of the 1950s. Such economic hardship possibly became an additional factor for family limitation in this period. Also, the democratization policies, or equalization policies, promoted by GHQ as mentioned before were conducive to the propping up of the motivation to improve the standard of living among farmers and factory workers through family limitation.

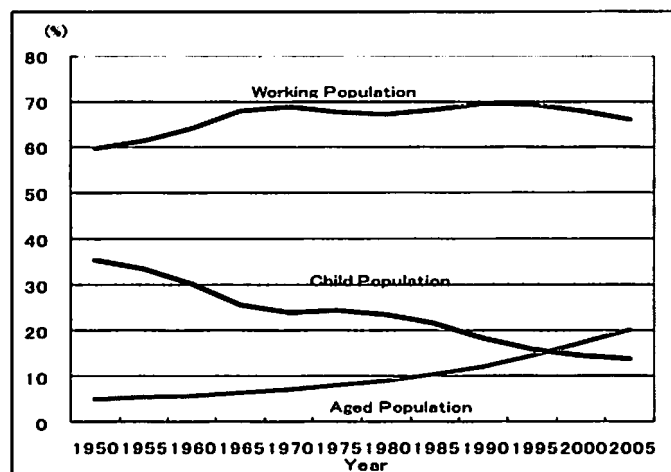
And in this period, mortality also declined very rapidly together with fertility. The Japanese life expectancy at birth caught up with that of the contemporary Western society at this period. So Japanese completed, rapidly, the second stage of epidemiological transition, which is characterized by high levels of infant and child mortality due to infectious diseases, and entered into the third stage of epidemiological transition, characterized by the dominance of chronic and degenerative diseases.

The next topic is population bonus and high economic growth around 1960 to the middle of the 1970s. The period of just less than two decades in Japan, between the end of fertility transition and the beginning of the period of fertility decline below the replacement level in the middle of the 1970s, is characterized by the contrast of the great transformation of Japanese economic society with the stability of fertility. Actually, the total fertility rate remained very constant around the replacement level of 2.1 children.

In the post-war years of the 1950s and 60s, the Japanese economy, measured by GDP, expanded about 10% per year on average and per capita income increased 4.2 times between 1955 and 1975. Through this rapid economic growth, Japan became an economically developed country

and at the same time experienced very drastic social changes. Of course such rapid economic growth was caused by many factors, but demographically, the following viewpoint came to be popular among population economists. That is, because of the achievement of rapid fertility transition in the 1950s, the proportion of child population was reduced and the proportion of working-age population increased very much. The phenomenon which is recently called population bonus, or demographic dividends of fertility transition, is actually conducive to economic development. This is the proportion of working age population, child population and aged population between 1950 and 2005 (Figure 3). It is showing that the proportion of working age population, which had remained to be around 60% up to the middle of the 1950s, rose to 68% in 1965 and kept level of just less than 70% until 2000. The increase in working age population kept labour costs relatively cheap and made the burden of supporting children smaller, which contributed to the increase in saving and in investment, having promoted, in turn, rapid economic development.

Figure 3. % Distribution of Child Population (aged -14), Working-age Population (aged 16-64) and Aged Population (aged 65+)



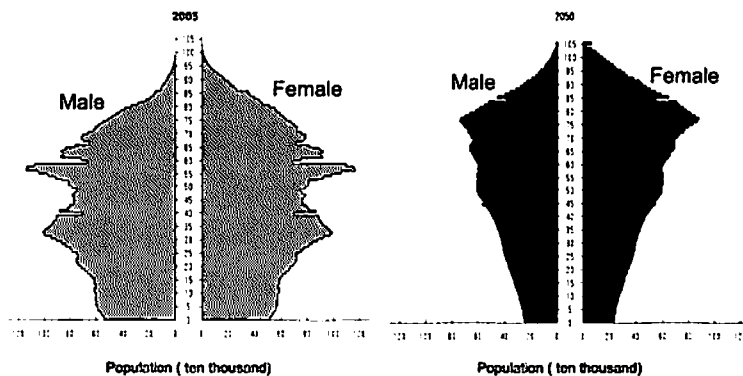
In two decades between 1955 and 1975, the secondary and tertiary industries rapidly developed and the ratio of the output from the primary industry to the total economic output was reduced dramatically. The proportion of workers engaged in the primary industry declined from 41% to only 14% and instead the secondary and particularly the tertiary industries increased in this period. Also rapid industrialization was accompanied by a changing worker's employment status. The proportion of the self-employed and family workers decreased because farmers and small-scale factories diminished. Instead the proportion of employees increased from 46% to 69% during two decades. Japanese society came to be called "a salary-man society" or "an

employee-centered society” from then.

Lots of young people who graduated from compulsory schools or high schools migrated in this period to seek higher education and occupational jobs from rural areas to urban areas or to the three largest metropolitan regions: Tokyo, Osaka, and Nagoya. The inter-prefectural migrant ratio to the total population reached a peak of about 4% in early 1970s, which was the period of rapid economic growth. Between these two decades, 1955-1975, the proportion of the total population living in urban areas increased from 39% to 57% and those living in the three largest metropolitan regions increased from 36% to 44%. The Japanese society became very urbanized and the Japanese population is now concentrated in the three largest metropolitan regions.

In addition, the richer the average household economy became, the more young people were enrolled in the schools of higher education. From these two decades, the high school enrolment rate increased dramatically from 56% to 91% for males, from 47% to 93% for females. Hence almost all graduates from compulsory schooling were enrolled in high schools. Also the college enrolment rate became 44% for males and 33% for females in this period.

Figure 4. Japanese Population Pyramid : 2005 and 2050



I would like to say some final words on implications for the future. With the population bonus gained from fertility transition as one of the important factors for rapid economic growth, the Japanese society was transformed into an affluent, consumer-oriented, fully industrialized, urbanized, highly-educated, and employee-centred society. This transformation seems to have led to both women’s emancipation and changes in value-orientation attitudes toward work and

the family life among young people in the 1980s and thereafter. They caused the rapid and phenomenal postponement of marriage and childbearing, leading to much below replacement level fertility, which is doomed to bring about a hyper-aged and rapidly decreasing population in the following decades. In 100 years if the recent low fertility rate continues, the Japanese population will be just one third of its current size (Figure 4).

Regarding the Japanese population structure, right now the proportion of population aged 65 or over is 20%. But in 50 years that proportion of aged 65 or over will be 40%, or in other words, double. This phenomenon is called hyper-aging. How and to what extent such demographic change, hyper-aging, population decline will affect the Japanese economy and society in the future remains to be seen, but this is another story and another topic which should be discussed in a different forum. Thank you for your attention.

“Community-Based Approaches to Infectious Diseases”

Resource Person:

Dr. Hidesuke Shimizu MD. PhD,

Professor Emeritus, Jikei University School of Medicine, Japan

1. Introduction

Japan’s average life expectancy is 85.49 years for females and 78.53 years for males. Japanese today live longer than any other people of the world. It took a long time for Japan to reach this level of longevity. From our experience one can say that it is impossible to achieve this without government policy, economic growth, and improved nutrition and without people having the knowledge of public health or contributions from medical care. I would like to share some of the policies implemented in our country.

2. Eradication of tuberculosis

In 1943, there were 235 Japanese who died of tuberculosis for every 100,000 people. Today the number is down to 1.8 deaths per 100,000 people. It is the 25th largest cause of death today. However, in many developing countries tuberculosis remains one of the prevalent causes of death. Among infectious diseases tuberculosis tends to be chronic, life threatening, infectious, and takes time to cure. For this reason managing the tuberculosis patient is critical.

In our country, the following steps were taken to achieve the present level of good management. First, tuberculosis was defined as a national disease, with the government and people cooperating to eradicate the disease. The government established the Ministry of Health and Welfare, and then health centres in local communities in 1938. In 1951, the Tuberculosis Prevention Law was enacted, mandating all school children to take the tuberculin skin test and chest X-ray. Furthermore, early detection of the disease was encouraged by mandating tuberculosis examination at workplaces and taking chest X-rays of all employees. In communities, health centres were committed to the early detection of tuberculosis patients also. Patients with high risk of spreading the disease were hospitalized in separated wards, or in tuberculosis clinics, to avoid secondary infection.

Doctors were mandated to notify the health centre when a patient was diagnosed as having the disease. The health centre that received notification of the existence of a patient was mandated to communicate with the health centre in charge of the patient’s domicile. A public health nurse

would then visit the family and together manage the patient. When the patient moved out of the community the notice was delivered to the health centre of his/her new domicile. This strict system prevented tuberculosis from spreading, and is still functioning well today. On the other hand, improved nutritional level, availability of tuberculostatic drugs, improved medical technology and better health education combined to gradually decrease the mortality rate from tuberculosis.

Even today, there are 23 new infections for every 100,000 people, which translates to 30,000 people a year. However, deaths due nationally to tuberculosis amount to about 2,300 a year. However, today we have a problem of drug-resistant tuberculosis. Therefore, by way of DOTS (Directly Observed Treatment, short-course) we are observing patients to take anti-tuberculosis drug at the community health centre or hospital under direct staff observation. Eradication of tuberculosis requires a special partnership between community medical staff and local residents.

3. Eradication of parasitic worms

Public health before the Second World War was undeveloped in Japan. Waterworks were available only in limited parts of the large urban centres and there was no infrastructure for a sewer system anywhere. Even in the metropolitan Tokyo, night soil (human excrement) was manually collected. Because of this there was a high rate of parasitic infection throughout the country. This was because night soil was used as fertilizer in paddies and fields where food was grown. In 1931, the Parasites Prevention Law was enforced and fecal examination was carried out at schools and health centres.

In a certain region of Nagano prefecture I conducted a health examination that included parasitic worms in 1965. The hillside village called Akiyama with a population of 688 was broken up into five hamlets, each with 50 to 200 people. The hamlets were 2 to 4 km apart and in winter heavy snowfall closed all means of transportation to the neighbouring town at the foot of the hill. There were no toilet facilities and people relieved themselves in the river or in a pot to be used later as fertilizer. Drinking water was fetched from the river, fountain or drew from a well. Vegetables were pickled in salt for use in winter as preserved food. This was roughly the lifestyle of the people in the hamlets.

The first examination carried out in 1965 resulted in 82.8% parasitic infection rate. The middle school students recorded as high as 92.3%. This was extremely high compared with the national average of 12.8%. The examination for roundworms resulted in 44.4% infection rate for primary school children, 61.5% for middle school, and adults 54.8% with an average of 53.9%. This

meant that one out of every two persons was infected with roundworms. Under this condition, we started a parasitic worm eradication program.

Given the lack of a sewer system, the custom of using human waste as fertilizer and habitually eating pickled vegetables in winter, it was impossible to eradicate parasitic infection. In vegetables pickled in salt, eggs of parasitic worms can survive for years. Because of this, it was decided that all the residents of five hamlets will be thoroughly freed of parasitic worms. We had records of the past suggesting that if everyone strictly followed the instructions for a number of years, then the parasitic infection rate would go down to almost zero. We were starting a major experiment on the ground.

After public health nurses talked to the villagers it was decided that each hamlet would have someone put in charge of public health and that these officials would keep in close contact with one another. With these arrangements made, residents took anthelmintics three times a year (May, August and November). The anthelmintics were supplied from the Health Centres and the Village Office with their full support of the program.

In the second year, the parasitic infection rate was reduced by 15.9% down to 66.9%. The tests for parasitic eggs resulted in reduction by 24% down to 29%. These dramatic decreases were the result of good teamwork between public health nurses and village health officers. These results gave villagers great encouragement. However, in the third year the parasitic egg positive rate declined only 5.8% from the previous year and roundworm egg rate reduced only by 6.6%. The rates of decline were lower than the second year. It was learned that fewer people submitted their fecal samples for examination in the third year. This situation led us to mount an educational campaign to remind the villagers of the purpose of parasitic eradication. Posters and newspapers were published and villagers were asked to cooperate explaining how parasitic worm infections have adverse effects on health.

The effect was powerful. The results of the fourth year examination proved that the infection rate was at par with the national average. The roundworm egg positives declined to 3.3% which was the Nagano prefecture average. One can look back and conclude that raised awareness, solidarity and networking among the village office, the health centre, the public health nurses and villagers all contributed to the great outcome. The partnership and a sense of solidarity are contributing today to raising the commitment required in setting up and operating an emergency medical system.

4. Infant mortality and availability of water supply

From pre-historic times, people used water from rivers, lakes and marshes, and spring water and when man formed hamlets, we learned to dig wells and draw ground water. However, lacking in knowledge of infectious disease water was not filtered for drinking as is done today. The urban concentration and sprawl was to result in an extensive demand for water, culminating ultimately in an absolute shortage of water and deterioration of its quality. To solve the water shortage and enjoy the ease of use of water, water supply is required in great volume. This however, will result in the construction of dams, which in turn river water will come under total control, contributing to agricultural production but eventually lead to the decline of water environment. As a result we will see a shrinkage of lakes, disappearance of marshes and extinction of flora and fauna. One cannot ignore the fact that environmental destruction will have adverse effects on our life and our health. I will not say more on this as it sidetracks from today's theme.

By 1800, people no longer consumed water directly from rivers and lakes, and had learned to filter the water to remove silt and muddiness. In 1893, Mills in the U.S.A. and Reincke in Germany reported that sand filtration of river water reduced not just communicable diseases of digestive apparatus but also general mortality rate. This is referred to as the "Mills-Reincke phenomenon". Sand filtration method of water purification is still being widely used.

In the developing parts of the world, some 25 million people die every year from drinking water contaminated by disease germs. Moreover, 3 million children under five years old die every year from dehydration from diarrhoea and under-nourishment. This number is about one quarter of the deaths of children of the same age group, but of course death can be prevented and disease treated by Oral Rehydration Therapy (ORT). Drop instillation is optimum for treating diarrhoeal dehydration, but given that less than 5% of the patients have access to it, dissemination of oral rehydration therapy is essential for the time being. Again health centres have important roles to play in distributing and disseminating ORT packages.

A look at the countries of East Asia and South-East Asia shows that in 1984, digestive system disorder was the 5th among the ten largest causes of death in China. In 1990, it was also the 5th largest cause of death in Vietnam. In 1991, death from gastro-intestinal diseases was the 5th largest among hospitalized patients in Sri Lanka. In 1992, diarrhoea was the 9th largest cause of death in the Philippines where the fourth largest cause of death of new born babies and infants was diarrhoea. This shows that digestive system disorder is infectious, and that infants suffering from diarrhoea result in dehydration and undernourishment and death. Popularization of ORT, therefore, is essential for prevention.

At the turn of the 20th century, around 1900, there was almost no water supply system in Japan. As a result there were 140,000 patients suffering from waterborne diseases. Most households dug wells on their premises, or shared a common well to cover their drinking water needs. It was only in the 1960s that the number of patients with waterborne diseases began to decline when the water supply system covered half of the households. At the same time infant mortality rate also began to decline. Today, Japan's infant mortality rate is 2.8 per 1,000 new born babies, the lowest in the world. It is clear that when the coverage of water supply system reaches 80%, the number of patients due to waterborne diseases can be controlled at a certain level, and contributes also to reducing infant mortality rate.

Or while there is supply of water, the lack of sufficient guarantee of its quality can cause diarrhoea and infection of digestive organs. In some developing countries, there are still insufficient numbers of doctors and hospitals, hospital beds or insufficient health budget allocated to cover necessary medical supplies. It is urgently required that health centres as well as public health nurses give residents sufficient knowledge for prevention of diseases and management of their own health through various educational campaigns. To fight against diarrhoea, it is important to prevent dehydration. This can be easily addressed by oral re-hydration therapy (ORT) which is easy and safe for anyone to provide.

One must also note that more recently, the sources of water pollution not just microorganism but also household wastewater and chemicals dumped from industrial plants have serious repercussions on health. In order to avoid the risk of underground water as well as drinking water pollution, it is crucial that an inspection system be established at the local community health centres.

5. Conclusion

Today, the industrialized countries are committed to taking care of health, maintaining it and even further improving it under a high level of sanitation. However, wealth and good life have brought different types of problems. They are now using a great deal of resources to prevent what we call the "lifestyle-related disease", such as cancer, cerebro-vascular disease, heart disease, diabetes, obesity and high blood pressure.

Microbial infection continues to cause deaths in sporadic epidemics even though vaccination is widely administered. Depending on the type and nature of infectious diseases, doctors who have diagnosed the disease are required by law to notify authorities. Recently there have been cases

of university students struck down by measles and whooping cough requiring universities to temporarily close courses and infected students to remain at home. The incident brought to light that a certain age group had not been administered vaccination, and that a single administration was insufficient. These cases revealed unsuspected weakness of contemporary medicine.

Health Centres are important as information-gathering bodies in the community. The centres should be encouraged to build a close partnership with local residents, so that they become trusted members working for the safety and good health of the residents in a sustainable manner.

“Community Development in Postwar Japan”

Resource Person:

Ms. Kayoko Shimizu, Vice-Chairperson of APDA, Japan

1. Postwar Migration and Health Issues

The life of Japanese people was in extreme distress when World War II ended in August 1945. Out of a 73 million some 2.5 million lost their homes and 8 million evacuated from rural areas to urban areas. Children that were born in cities and did not have rural relatives evacuated in groups. Large-scale migration was taking place all over Japan as the urban population that had evacuated to rural areas started returning to cities with the ending of the war, while 1.7 million Koreans living in Japan tried to return to their home country. Record shows that Japan's total population including newborns reached 84.5 million in 1951 as a result of such massive migration.

The serious problems this population faced were food shortages and malnutrition. In addition, various infectious diseases including smallpox, camp fever, cholera, dysentery, typhoid and paratyphoid spread as the range of people's activities expanded with their search for food and returnees came home with pathogens. Furthermore, tuberculosis, which was the highest cause of death at the time, spread further amid prevalence of malnutrition.

While post-war chaos and rapid population increase certainly were behind the absolute shortage of food, traditional Japanese diet also had several problems from the viewpoint of nutrition. Brigadier General Sams who was stationed in Japan as the Director of GHQ Public Health Bureau pointed out in his memoir that, “A global survey shows that, with balanced diet, greater intake of animal protein will result in higher average height, greater stamina and higher resistance against pathogens that cause chronic diseases such as tuberculosis. However, Japanese people have abnormally high prevalence of beriberi and tuberculosis, lower physique and decreased stamina as a result of having relied solely on grains for their staple”. Raising stock was not popular and the custom of eating meat on a regular basis did not exist in Japan at the time. Children had little resistance against disease and prevalence of infectious diseases was high as milk was not part of the diet owing to lack of refrigeration facilities. Spread of parasitic diseases was also a problem as sewage was not prevalent and human waste was being used as fertilizer without treatment.

Women were subjected to hard labour previously performed by men due to a shortage of workers at farm households while continuing to perform all domestic and childcare work as part of their traditional responsibility. Many women fell ill as a result and faced numerous challenges including abnormalities during conception or childbirth and nutritional disorder of infants owing to shortage of breast milk.

Causes of Death by Mortality: 1930-1960

(Mortality for every 100,000 population)

Rank	1930		1940		1950		1960	
	Cause of death	Mortality	Cause of death	Mortality	Cause of death	Mortality	Cause of death	Mortality
1	Gastroenteritis	221.4	All tuberculoses	212.9	All tuberculoses	146.4	Cerebrovascular lesion	160.7
2	Pneumonia and bronchitis	200.1	Pneumonia and bronchitis	185.8	Cerebrovascular lesion	127.1	Malignant neoplasm	100.4
3	All tuberculoses	185.6	Cerebrovascular lesion	177.7	Pneumonia and bronchitis	93.2	Cardiovascular disease	73.2
4	Cerebrovascular lesion	162.8	Gastroenteritis	159.2	Gastroenteritis	82.4	Old age	58.0
5	Old age	118.6	Old age	124.5	Malignant neoplasm	77.4	Pneumonia and bronchitis	49.3

Source: "Vital Statistics" Statistics and Information Department,
Ministry of Health and Labour

2. Post-war Nutritional Improvement and Introduction of Preventive Medicine

In response to increased demand for food resulting from rapid population increase, the Japanese Government relocated people to remote areas and undeveloped areas in Hokkaido and other prefectures, sent some people overseas as immigrants and made efforts to improve productivity at home. However, the Government was unable to reduce hunger among people and the food rationing system was continued. As it was impossible to obtain enough food to maintain basal metabolism through food rationing, urban residents had to build kitchen gardens on vacant lots and engage in illegal transactions of obtaining little food from farms in exchange for clothes and other commodities. Emergency food relief from other countries and subsequent improvement in prevalence of infectious and other diseases through introduction of preventive medicine were attributed to strong support from GHQ. Here are some examples.

(1) Problems in nutritional intake as seen in the National Nutrition Survey

The Government conducted the National Nutrition Survey in 19 prefectures in 1946. The survey concluded that, "Calorie shortage of urban residents compared to rural residents is obvious as calorie intake of the former was 1500Kcal in May and 2000Kcal in November, in contrast to

2030Kcal in May and 2330Kcal in November of the latter. While protein intake amounted to approximately 60g for both urban and rural residents, 16g and 7g of this came from animal protein for urban and rural residents, respectively. While use of soybeans is certainly greater in rural areas than in urban areas, far too little availability of high quality protein in rural areas shows that improvement of nutrition in rural areas still remains as a significant problem. Nutritional status of the people appears to be improving slightly as a whole but is not by any means good and must be improved further”.

Despite the assistance offered from Food and Agriculture Organization (FAO) to make up for such shortage of food resources based on this nutrition survey, government rationing alone could only supply half of the required calorie intake. After a further nutritional survey, it became clear that there was a need to improve diet so that people would eat adequately balanced food for the sake of enhancement of health and prevention of diseases. Food items unfamiliar to Japanese diet such as corn, wheat, butter and dairy products were introduced with the cooperation of GHQ along with promotion of nutritional education including the preparation of such items were introduced.

(2) Recommencement of school lunch

The School Lunch Program was started by a private social welfare organization in 1929 to make up for nutritional deficiency of school children but was discontinued during the war. The Government requested GHQ to recommence the school lunch program and assistance for such recommencement to make up for nutritional deficiency of school children. The message to recommence school lunch was issued nationwide by the order of Brigadier General Sams. A presentation ceremony for food donated by the LARA Fund was performed at the Nagatacho Elementary School in Kojimachi, Tokyo in December 1946. School lunch was restarted for all elementary school children in January 1947. Food items that dramatically changed the diet of Japanese children were also introduced here and nutritional education was advanced.

(3) Reform of health centre system

Health centres that had been set up since before World War II were mainly engaged in maternal and child health activities, health education and diagnosis and treatment of tuberculosis. After the war, health centres made a fresh start as the base for carrying out public health administration activities for local residents with the amendment of Health Centre Act. It was an attempt to make a major transition from regulation-oriented health administration to technical guidance-oriented health administration through the reform of the health administrative system on both national and local levels. Building a health centre for every 100,000 people was set as

the target. A model health centre was first built in Tokyo and the entire authority, paperwork and personnel that had been under the jurisdiction of the ward office was transferred to health centre directors in an effort to integrate administration, prevention, treatment and guidance. This was followed by the installation of model health centres at every prefecture and public health activities spread to rest of the country. In addition, the Institute of Public Health, which is an agency for postgraduate education of personnel working in the public health field, launched its vigorous activities. Moreover, the Medical Care Act, Medical Practitioner Act, Health Nurse, Midwife and Nurse Act, Child Welfare Act, Venereal Disease Protection Act, Mental Health Act and Tuberculosis Prevention Act were issued following the amendment of the Health Centre Act and the legal framework was gradually developed.

(4) Measures against tuberculosis and other infectious diseases

As Dr. Shimizu explained these measures, I would like to make it brief. Health checkups were started for all community residents at health centres and a patient management system and public medical assistance system was created to prevent tuberculosis. As a result, the number of tuberculosis patients started to decline rapidly.

Meanwhile, Japan's public health had been degraded owing to damages incurred at water network and waste disposal facilities during the war and discontinuation of vaccination plans for infectious diseases. Many pathogens were brought into the country despite efforts made to step up the quarantine and epidemic prevention system. Fatalities from smallpox and camp fever also increased. Health centres took the initiative in meeting the situation through acute infectious disease patient surveys, epidemic prevention measures, family guidance, extermination of rats, insects, fleas and lice, prevention of venereal diseases, prevention of parasites and immunization. Measures against infectious diseases produced dramatic results as the number of deaths decreased once the domestic production of DDT (used for the extermination of rats, insects, fleas and lice) and vaccines for smallpox and camp fever started.

(5) Family planning, baby contest and maternal and child health handbook

Fertility increased nationwide after population increased due to a return of demobilized soldiers and evacuees, followed by a baby boom. The number of induced abortions had also increased partly due to approval of abortion for economic reasons by the amendment of Eugenic Protection Act. It was a tragic situation where many women were losing their lives from unsafe abortions and risking their health through repeated abortions. You can reduce the number of children born if the children that are born can grow to be adults in good health. Activities of private organizations that disseminate family planning guidance were implemented by asserting

that planned childbirths should be encouraged from the viewpoint of maternity protection as well. Family planning guidance was also started by practicing maternity nurses. In addition, a certification system for birth control demonstrators was created and health nurses took nurse training to disseminate correct knowledge about family planning. I also took this training and did some work for family planning guidance at the hospital.

Moreover, a project for issuing a maternal and child health handbook at the same time of notification of pregnancy was started. In addition to measures such as safe pregnancy and childbirth, health checkups of pregnant women were carried out as well as efforts to raise healthy children through health checkups for infants and three year-olds, mothers' class, visiting guidance for newborns and premature babies. Another noteworthy event was the baby contest that was held throughout Japan to lower infant mortality and disseminate ideas about raising children. At the contest, parents showed off how healthy their babies are, although such contests are rare these days.

3. Activities of People that Supported New Life After the War

(1) Activities of health nurses

The education system for health nurses went through a dramatic reform. To become a health nurse, one was required to complete three years of nurse training and one year of health nurse education (subsequently reduced to 6 months) after graduating from high school and passing the national exam. Health nurses at health centres worked with the solid status of a local government worker.

As the front-line agency for disease prevention, health centres at the time continued their existing health consultation activities and offered treatment for tuberculosis and venereal diseases. For this reason, supplementary medical care as well as health guidance and health education were offered after mass examination at the clinic in the health centre as part of health nurse activities. A unique characteristic of post-war activities by health nurses can be seen in implementation of individual nursing activities in the community such as nursing and guidance for tuberculosis patients, infants and infectious disease patients through home visits as well as health and nutrition consultation for families.

Development of public health activities in rural areas encountered greater difficulties than those in urban areas. A gap existed between rural and urban areas in all aspects; feudalistic customs and manners remained strong in rural areas not to mention residents living far from each other and lacking traffic facilities. Many residents could not receive medical care for financial and

geographic reasons. For this reason, Okinawa retained a system of stationing health nurses at health centres until reversion to Japanese administration because of many remote areas and isolated islands in the region. Health nurses worked night and day, engaging in everything from tuberculosis treatment to disease prevention, maternal child and health measures and emergency patient measures. How lonely it must have been for a young nurse who had just got her certificate to be working at the station by herself, even though they enjoyed the confidence of local residents as the only health specialist in the region.

Aside from health centre's health nurses, national health insurance unions that are responsible for regional insurance of voluntary partnership as health maintenance and disease prevention measures for the residents of agriculture, forestry and fishery villages were established throughout Japan. Health nurses were stationed at these villages and launched activities for insurers including households with those of delicate health and frequent consultations. Some of these unions became dormant after the war as they were unable to continue financially, but the management of national health insurance was shifted to municipalities and many health nurses were transferred to municipal national health insurance. They subsequently became active supporters of a community-based public health administration service.

In addition, a pioneer health nurse system was created as the keeper of health for people that settled in undeveloped land and resulted in livelihood-based activities such as disease prevention, maternal and child health and first aid. Under the circumstances where they had to work in vast medically-underserved areas, they inevitably had to engage in activities that sometimes infringed the Medical Act.

While health nurses at health centres, health nurses working for national health insurance and back-country nurses served different people, they all were involved in issues related to community life in general. In particular, there are many records remaining of health nurses that went through difficulties trying to improve unhygienic, unscientific and irrational lifestyle in rural areas originating from old customs and traditions.

For instance, kitchens of farms at the time were windowless, dark and unclean. They also did not have sinks so they had to rinse their plates and food with water kept in water pots. Improvements were made by building windows, installing sinks and changing wells to forcing pumps. Bedrooms in farmhouses were never-made straw beds in sheds located on the northern side of the premises. Pregnant women and tuberculosis patients were usually sleeping in these dark rooms. Guidance was therefore given to abolish never-made beds, encourage drying of

bedding and move the rooms of pregnant women and tuberculosis patients to rooms that get the most sun.

In addition, opening of day-care centres for busy farming season was proposed to villages to prevent the overworking of housewives and to protect infants during the busy farming season. Elementary schools were used for this purpose and health nurses themselves played the central role in childcare. There were many distressing cases caused by not being able to detect abnormalities during pregnancy because of back-breaking work. Education for mother-in-laws was offered to bring home to them the need for implementation of medical checkups for expectant mothers and infants.

Since activities of health nurses produced greater results, partnership with community residents that support the activities were also an important issue. Maternal and child health activities centred around *Aiikukai* (tender nurture society) have a long history. In particular, maternal and child nurture activities in farming, forestry and fishing villages were highly appreciated as a result of carrying out detailed movements including stationing of health nurses at designated villages, organizing tender nurture women's societies, selecting chapter chiefs for each hamlet, forming tender nurture groups consisting of 10 to 15 households and seeking solutions of various maternal and child health-related problems in their groups and promotion of health. In addition, there were cases in which young wives clubs were formed all over the place and activated studies on not only family planning but also nutritional improvement and other matters related to daily life. Local residents are currently participating in administrative services with municipal chiefs designating maternal and child health promoters and asking for their cooperation to advance community activities.

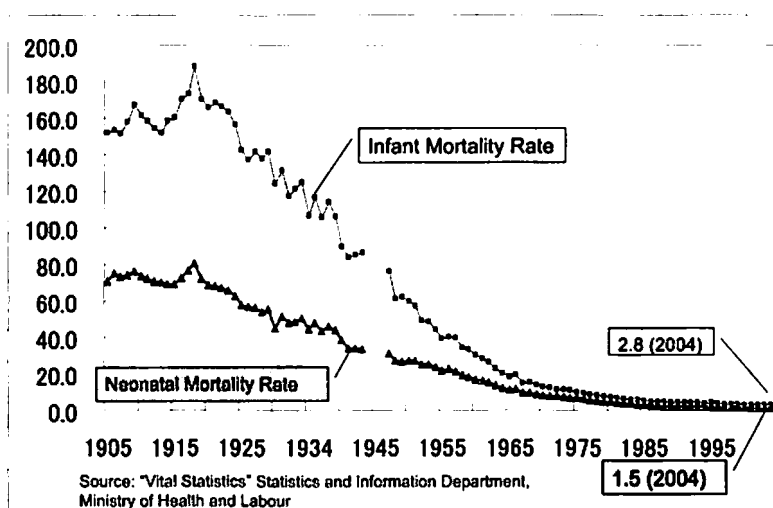
Japan's disease structure changed considerably with the enhancement of the health care system thanks to dedicated activities of health nurses as well as remarkable progress in medicine and attainment of universal health care that followed. The diverse challenges faced by health nurses in Japan today include measures against lifestyle-related diseases, mental health welfare, disabled persons, intractable diseases, prevention of child abuse, infectious diseases including AIDS and disaster and contingencies. As Japan is a disaster-prone country, when a disaster strikes, health nurses are sent to the disaster-stricken areas.

(2) Activities of life improvement extension workers

The system implemented by the Ministry of Agriculture, Forestry and Fisheries as a measure for improving the livelihood of farm households was the creation of life improvement extension

worker qualifications. In rural areas where it was not common for women to work outside their home and female professionals working at the time were limited to health nurses, maternity nurses, teachers and nutritionists, they were given the position of local government employees and attracted the attention of rural women. They were successful in riding the big wave of rural democratization including improvement of food, shelter and clothing through dissemination of improved ovens, reduction in overworking women and review of traditional lifestyle.

**Infant Mortality Rate and Neonatal Mortality Rate
(per 1,000 live births)**



4. Conclusion

Where did the energy that overcame the postwar confusion period plagued by food shortage, housing shortage, spread of acute and chronic infectious diseases and deterioration of environmental health come from? The reason was that, although it was under strong support from GHQ, post-war period meant the arrival of a new era in which employment was extended to women, the door for higher education was opened and their potential was tested through entry into the workforce. Dramatic reform of the education system for health nurses and clinical nurses also contributed to attracting excellent human resources.

Other factors included the Health Centre Act, which is responsible for Japan's public health administration under the new Japanese Constitution, that went through a major amendment and the system for actively tackling the imminent problems being put in place, ambitious public health workers working with a spirit of sacrifice to meet the great expectations of the people and participation of many community residents that supported such effort.

It was of course made possible by the economic growth and advancement of medicine after the war. However, it also appears to be the result of many Japanese standing up and taking action, hoping to build an affluent society for their children and dreaming about the arrival of a new age in peace. I hope these experiences and efforts that Japan has experienced will be of some use to you. Thank you.



<DISCUSSION>

MS. TOVHOWANI JOSEPHINE TSHIVHASE, MP, SOUTH AFRICA:

The presentations were really very exciting. We know that wars have got these after-effects but my worry is that not much, maybe a quarter is about the aged. While I was listening, nothing or not much was said about the aged, the older people, and the people with disabilities. How are you handling them, because those are the people who are really vulnerable? If nothing much is said about them, we still have the question why nothing was said about the people with disabilities and our elderly people. What policies do you have or what projects and programs do you have regarding those people. Thank you.

DR. MAKOTO ATOH, JAPAN:

I think we have a good question. I do not know very much about the disabled but as for the elderly, of course, right now Japanese families or households are very nuclearized and living in urban areas. But around 1945, many people lived in rural areas and elderly people lived with married sons' families, so-called three generation families. At that time the so-called stem

family system was very dominant in Japanese society. So usually the elderly people were taken care of by daughters-in-law, that is, the son's wife took care of her husband's father and mother. So I think at that time social care of the elderly was not so great an issue in Japanese society.

But recently the number of elderly people has increased gradually because of longer life expectancy. And also the family is very much nuclearized. Recently, when young couples get married, the wives do not want to live with the husband's families. So these social changes have motivated the government and societies to establish many social institutions or social systems or mechanisms for taking care of the elderly. One is the long-term care insurance system, which was introduced in 2000. This is a very important system for long-term care of the elderly people. Thank you.

MS. TOVHOWANI JOSEPHINE TSHIVHASE, MP, SOUTH AFRICA:

What about the people with disabilities?

MS. KAYOKO SHIMIZU, APDA VICE-CHAIRPERSON:

Your question is on people with disabilities. Well, today's topic was about the post-war era. During that era, there was no special measure taken for the disabled. It was really left to each family. But later on, for the physically handicapped people or mentally handicapped people, the government enacted laws specifically for different types of handicapped people, and they have established new institutions so that they can protect these disabled people. But to institutionalize those handicapped people for a long time, that kind of care is considered to be problematic nowadays, especially for mentally handicapped people. Because if they are in an institution for too long, they cannot be reintegrated into the community. So nowadays we have to support the self-support and independence of handicapped people. So we feel that we need to establish a society and community in which people with a handicap and without a handicap should be able to live together. So that kind of shift is going on. We should not treat them as somebody who is unique or somebody who is too special. But we are trying to promote a policy to really try to integrate them into the society.

DR. PETER DAVID MACHUNGWA, MP, ZAMBIA:

Thank you. This is a very intriguing program which is quite holistic from health, economic, agricultural and everything. But I want to know from Professor Atoh about the Eugenics Law. My understanding of it is when you direct the population in terms of reducing handicapped people. I would like you to explain a little bit more about it, so that we know what it is.

And then, the difference in life expectancy for men and women; how do you explain this? Is it because men are working more than women, and is there anything that can be done to try to correct this so you do not end up with too many widows at the end of the day. I would like to live just the same life as my wife. So how do you explain that and is there anything that can be done on that one.

Lastly, there is the abortion issue, I think Madam Shimizu was talking about family planning and abortion. I think there are some laws or something. Because in our countries, you have the Catholic Church and if you are going to be talking abortion, it becomes very difficult. It seems to me that here everything happened very smoothly. Is it because maybe religion is not very much an issue here? What can we learn from that?

MS. EMMA BOONA, MP, UGANDA:

I would like to thank the presenters for their eloquent presentations. Whenever such presentations are given, many of us think of our conditions back home and would like to borrow a leaf or two. My question is during these years of transformation, everything seems to be smooth and very uniform. You would make a policy and go to the population, and achieve what you wanted to achieve. I am wondering at that time what kind of governments you had. In Africa, right now there is this craziness about multi-party politics. And I think we have taken it too far. A government that is in place has a policy, it might be a good policy for the people, but the opposition wants to make political capital and tries to oppose even what is good. Right now in Uganda we are trying to spread DDT to ensure that we kill the mosquitoes. We know there are disadvantages, but we have taken all the precautions to ensure that it will not disturb the environment. Then the members of opposition come up to tell the people nobody should accept DDT in his house, anywhere in the environment. And it becomes very counter-productive. We are trying to protect the people against malaria, but the opposition wants to make political capital. I am giving an example. So I would like to know the type of government you had at that time so you could move in unison and not meet resistance.

Secondly, I am looking at our cultures. In Africa, in Uganda where I come from, a woman has seven children on average. The fertility is extraordinarily high. And when we try to make the women produce less children, which is possible, our African men still think of polygamy. So if we went to parliament to say “there should be no polygamy in this country”, that law would not pass. In fact, we have got a problem with our domestic relations bill simply because of the part of polygamy. And our Muslim brothers and sisters came up and said, “No, you cannot say no to polygamy”. Why do we want less children? Because resources are not enough, we would like to

balance the resources and the population. We have our African brothers who think one woman is not enough. That means you cannot control the number of children each man gets because he has six and seven of them. So I really am trying to borrow a leaf from this good experience, but I am finding it difficult to take it to mine. But these are some of the problems to do with culture, to do with politics. In the 1940s it was okay, but right now the world has changed and it is very difficult really. Thank you very much for your presentation.

MR. SULTAN A. AZIZ, UNFPA:

I do not have a question but I do have a comment. I find that the speakers, all three of them, have spoken about public policy. But going back to my colleague from Uganda here, I am left with the impression that I think there was a unique set of circumstances in Japan that produced the kind of public policy posture, but certainly in today's world, I think you'd find that you have many other actors in terms of public policy investment that have a much greater role. For example, when you look at the World Bank, you look at the ADB, and you look at the African Development Bank, the conditionalities that are introduced in a variety of different ways does not provide the sort of public policy stance that perhaps maybe Japan enjoyed at that time. And it is also important to note that the amount of investment in post-war Japan was a great amount of money, which I think came from the United States. And the environment perhaps was a little different. But what is I think is very important to learn from the Japanese experience is that unless there is a regulatory posture on part of government, these things do not happen. That it is the initiative that government takes to make it happen. And I think this is really important particularly in our region, and in Africa, that governments do invest more in women and indeed in issues that relate to population. Thank you.

DR. MAKOTO ATOH, JAPAN:

Thank you very much for many interesting questions. The first one was the Eugenics Protection Law which was introduced in 1948. But before the war, there was the Eugenics law. And at that time, not only in Japan but also in European countries, eugenics was in a sense a very popular word. But of course that kind of idea was abolished after the war. This Eugenics Protection Law replaced the pre-war law. It still includes something on the eugenics. But the important thing in this law is that the item on abortion was included and abortion was legalized based on economic hardship. It is very difficult to define. So in a sense of substantively, abortion was liberalized in a sense after the war. As a matter of fact, in 1994, at the Cairo Conference, reproductive health and rights became general words. And after that this Eugenics Protection Law was renamed "Maternal Bodies Protection Law" or something. So in the post-war years, the idea of eugenics was thrown away in this law.

The second question is why there is a big gap between life expectancy at birth between males and females. The more a society becomes advanced, the more the gap between male and female life expectancy is widening. There are two reasons. One is social. The other one is biological. The social reason is that usually males are involved more in social work, outside work, and hard work and also bad habits of lifestyle, such as smoking and drinking. In this sense, women are more and more involved in gainful employment and changing lifestyles involving smoking and drinking. So these factors will shrink the life expectancy gap. But still there is a wide gap between the male and female which is probably explained by the biological factors. Women have some gift from the heaven that they can sustain hardships from the environment. It is maybe because they have to live longer to ensure a successor. The biological part is still a mystery. So any explanation can be possible.

The third question, in the Japanese case family planning or the introduction of the abortion law was very smooth. You said that there was no resistance at that time. But before the war, there was a lot of antagonism between pro-natalist and anti-natalist sides. Usually the birth control movement was suppressed by the government or the conservatives. So there was actually much resistance or struggle before the war. But just after the war, fortunately or unfortunately, we were occupied by the American army. They pressed us to introduce many equalization policies and democratization policies. But as a matter of fact, the abortion and family planning movement was not introduced by the Americans. At that time, American public opinion was dominated by Christianity. So this is a little bit different from the other policies. But still, the government was very strong in a sense, controlled by the American army. So there was a very difficult struggle among many factions of the Japanese people.

And also Ms. Boona said that compared with the African case, where multi-party politics hinders the smooth process of policy, in the Japanese case at that time, as I said before, we were controlled by the GHQ of the occupying army, and they had very strong opinions, strong policies, which we had to accept. But anyway, it suggests that for any governments who want good policies there is a need for so-called good governance. In that situation we need very strong, effective and democratic good governance for promoting many difficult policies.

And in regards to culture, it is very difficult to discuss. You said in many African countries or Islamic countries you have polygamy. In the Japanese case, monogamy was the dominant culture, so there was no such conflict. But at least since the 1994 Cairo Conference, gender equality or reproductive health and rights were catch words for promoting family planning programs. So we

need, from the World Bank, international community, United Nations, and donor countries, not only the method of family planning but also the idea of gender equality has to be coordinated with these effective methods. Actually in the Japanese government, we have some projects in Jordan that mix the prevalence of family planning with the so-called gender equality or reproductive health. And it was accepted by the Jordan government and it is now promoted by JICA. So if it is smoothly, effectively implemented and also the society's dominant culture, especially religion, has accepted the project, it can be done, even in very different cultures.

MS. KAYOKO SHIMIZU, APDA VICE-CHAIRPERSON:

When you have a very heavy mental disease, you will come under protection of the eugenics law. But we thought that was wrong, so we took that item out and we called it the Protection of Maternal Body Law. If a mother, maternal body, has physical difficulty in continuing with pregnancy, or even with economic reasons, the mother has to be protected. And if it is for rape or for coercion and she was abused and is now pregnant, that is the second reason which will justify the mother undergoing an abortion. And these days, teenagers are becoming pregnant and youth pregnancy is going up. So we say this is very wrong, and we need to tackle this. Some people say we must remove economic reasons as a just cause. But women are opposed to this, because this is our reproductive health and rights. But for real problems, teenage pregnancy can go up. And we have got to find ways of preventing that from a different perspective. That is still our problem.

MR. TUANG UNTACHAI, MP, THAILAND (CHAIR):

Thank you very much for your presentation and active participation.



Session IV

**“Population, Reproductive Health/Rights and Public
Health Issues”**

Session IV

“Population, Reproductive Health/Rights and Public Health Issues”

Chairperson:

Mr. El hadji Malick Diop, MP (Senegal)

DR. OSAMU KUSUMOTO, APDA:

Good morning ladies and gentlemen. Today’s master of ceremony will be taken by Mr. Shiv Khare, AFPPD Executive Director. Before that, I will summarize yesterday’s meeting. First, from the keynote speech, Mr. Koji Tsuruoka showed us some directions and visions for the Japanese government toward TICAD IV and G8 Summit to be held in Tokyo and Hokkaido, respectively. The second was the achievements and challenges of G8 Parliamentarians’ Conference in Berlin and Ms. Birute Vesaite presented the results of the meeting. Ms. Vesaite stressed the importance of ODA cooperation toward developing countries, especially African issues.

In session II, “Toward the Sustainable Development of Agriculture in Asia and Africa under Increasing Population and Decreasing Resources with the Emphasis on Rice Farming,” Dr. Takeshi Horie showed us that paddy production has sustainability and high production. Dr. Horie also mentioned that it can sustain micronutrients in the land. The countries that are very scarce in population density have their own national method for survival of their own culture. But when the population is increasing, we need to adjust according to the high population density. Mr. Takeshi Horie showed us the possibility for some basic food production in Africa.

In session III, “Rural Development, Health and Population Issues in Japan”, Dr. Makoto Atoh showed you Japan’s demographic changes and features after World War II. The population stabilization was one of the big conditions for achievement of Japanese development. After we finished the demographic transition, we were able to achieve economical growth. Of course we had assistance from the U.S., but basically it was done by the Japanese people. Dr. Hidesuke Shimizu showed us that only 40 to 60 years ago our health issues were not so different from developing countries. We had a high rate of parasitic infection so our public health situation was not in good condition. Ms. Kayoko Shimizu showed us what activities improved this condition. Public health nurses went to the remote areas and played a key role for improving the primary

health care of the people. This kind of effort has made some synergy effect and achieved the current Japanese situation.

These three researchers would like you to know that only about 40 years ago, there were many straw roofs, many paddies and many parasites. This was the fact of Japan only 40 years ago. And many Japanese parliamentarians and specialists would like you to know that developing countries and Japan are only 40 to 60 years difference. And we expect you to understand that our history and our experience can be applied to developing countries. We started from a very primary level, and developed into a very advanced country. So we may also need to reconsider the most primitive and primary action for improving people's life. Thank you so much. I transfer my role to Mr. Shiv Khare as we start the second day's sessions.

MR. SHIV KHARE, AFPPD:

Today our chair is the honourable Member of Parliament from Senegal, Mr. Diop. Today's speakers are the Member of Parliament from Vietnam, Dr. Tien., Dr. Untachai, Member of Parliament from Thailand, Dr. Baryomunsi, Member of Parliament from Uganda, and then Mr. Abbas, Member of Parliament from Chad. Now I hand over this session to our honourable chair from Senegal, Mr. Diop, please.

MR. EL HADJI MALICK DIOP, MP, SENEGAL (CHAIR):

Good morning, everybody. We have presentations from four people. We are starting with Dr. Van Tien from Vietnam. Dr. Nguyen Van Tien is a medical doctor, who also has a Ph.D. in public health. He was Executive Director of the Vietnamese Association of Parliamentarians on Population and Development from 1999 to 2007 and has recently become a Member of Parliament. He is also the current Vice-Chairperson of Parliament Committee of Social Affairs and the Vice-Chairperson of VAPPD.

The next presenter Mr. Tuang Untachai is a parliamentarian in Thailand and he is one of the first parliamentarians to introduce some of the health related policies into the national strategy, including HIV/AIDS. He is in charge of population issues, and he is also the Secretary to the National Board on Education and Sports. The third speaker is Dr. Chris Baryomunsi from Uganda. Back in his own country, he is actually a physician who has contributed immensely to the arena of public health. Finally, Mr. Ali Issa Abbas from Chad, will present. He served as the Speaker of the temporary parliament. He has served as Ambassador for Chad in different countries and serves as the Coordinator for the Network of Chadian Parliamentarians on Population and Development. He is also an executive member of FAAPPD.

“Population Policy, Reproductive Health/Rights and Demographic Transition”

Resource Person:

Dr. Nguyen Van Tien, MP , Vice-Chairperson of VAPPD (Vietnam)

In my presentation I will present to you four items. The first is general information from Vietnam, because many of us here are from Africa. The second matter is on population changes in Vietnam. What I would like to put more focus on is the demographic transition in Vietnam. And the third is very important, what is the reason for changing population. It is due to policy and strategy for population and reproductive health, and due to the population bonus of social economic development. Yesterday the professor from Japan mentioned it and I would like to refer to how it is applied to Vietnam. Another important reason is gender equity. It is very important in Vietnam. The fourth is success in reproductive health.

Vietnam is in Southeast Asia with a population of around 85 million. Vietnam has a very low urban population compared to Japan and Singapore. In Vietnam 95% of the population can read and write; this is very high for such a country. Life expectancy in Vietnam is 71 years. GDP per capita income in Vietnam compared with other countries is still very low. The GDP for Vietnam over a 10-year period increased year by year from 1995-2005. The population in Vietnam has increased by 33 million since 1979 when it was 52 million. Regarding the marital status, most Vietnamese live with their families; not many are separated or divorced. With its long geographical shape, Vietnam has 3,000 km of coast line, but there is a wide variety of population distribution because regions' topography varies greatly from mountainous areas to plains. It means that in some areas, like in the mountains or on the central coast, there is very low population density but in the plains higher population.

Regarding the population pyramid for Vietnam, it is different from 6, 7 years ago (Figure 1). Now you see the present pyramid is aging. It means that the number of youth is much smaller. This indicates that family planning in Vietnam has been very successful. During the last nearly 20 years TFR in Vietnam has been reduced to half. In 2006, Vietnam reached the replacement fertility rate. It means that the population programme in Vietnam was successful.

Population pyramid, 1999 – 2006

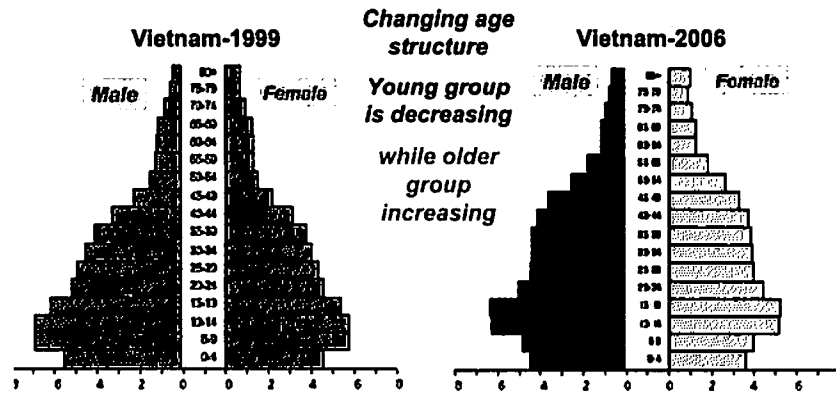


Figure 1

Yesterday we heard about the demographic transition in Vietnam from Professor Atoh. We see that for the last 10 years in Japan, China, Korea and Taiwan, there has been success in reducing TFR to replacement levels. In Vietnam we also reached the same rate during the 10 years from 1989 to 1999. In the years 2003, 2005 and 2006 Vietnam was at a replacement rate of TFR, but there has been some fluctuation recently. This may be due to the population law. Compared with other countries in Asia, TFR in Vietnam is low. In most of the past 10 years, the percentage of families with three children has decreased. It means that most couples in Vietnam have only one or two children.

In 1999 the UN awarded the Population Prize to Vietnam. We have three reasons for this success. The first, we have a very good population policy and high political commitment. The second is socio-economic development, including gender equity and poverty reduction. The third is a good reproductive health strategy. It means that ICPD PoA was applied to Vietnam. Regarding population policy, Vietnam has a law on population. It promotes voluntary family planning, not compulsory. There has been a Ministry of Population and Family Planning for more than 15 years now from 1992 to last May. In May this ministry joined with the Ministry of Public Health. We also have a strong network of family planning volunteers at the grassroots level. In each of the villages, communes in Vietnam, we have 10 or 15 volunteers. We have very strong support from high ranking leaders, including the Prime Minister and the top leaders of the country and we also have strong support from the parliament.

Yesterday, we heard some information from our friend from Africa about when he is raising

these issues some Members of Parliament are not supportive. But in Vietnam we have a structure to motivate the parliament on what to do. Like other countries, we have an association of parliamentarians on population and development including 40 MPs. We cooperate to defend different laws in Vietnam, including population and social affairs issues, and organise many advocacy activities to educate high ranking leaders and the Members of Parliament on what the population programme does. This contributes to obtaining political support and it is also important to defend the annual budget for population and public health. In cooperation with AFPPD, we organised a seminar on population and food security 10 years ago in Vietnam. And 12 years ago, we cooperated with AFPPD to organise the Indochina reproductive health programme in Vietnam. We also have a very special bimonthly newsletter to distribute from district people to high ranking leaders, focusing on the population policy and measures needed to be taken in Vietnam.

We contributed to passing important bills for elderly, disability, and gender equity. Currently the VAPPD has proposed parliament to approve the law on domestic violence and next month the parliament will approve it. This is the first time in Vietnam and just only two or three parliamentary committees proposed the law. And our association was one of them. And the other important thing is that the parliament should be a pioneer to raise some alarm issues, such as the aging issue.

The second success is we have very good social mobilization for the family planning programme. It involved many NGOs and women's organisations to conduct the family planning programme. We have long-term and strong support from different UN entities, especially from UNFPA, and there is also vital support from different countries such as Japan with JOICFP and some special projects for reproductive health from JICA to Vietnam. There is also national investment in the programme.

Another reason for our success in population stabilisation is socio-economic development. In Vietnam the growth rate continues to be approximately 8%, one of the highest rates among Asian countries. There is still a large budget for poverty reduction, rural development, and irrigation programmes. Despite the rate of poverty after the war being very high, since then the government has spent a lot of money and made a lot of effort and the rate of poverty has been reduced to half in just 10 years.

Regarding gender equity, Vietnam has very good indicators for gender equity amongst Asian countries. Presently the Vietnamese parliament has 26% female parliamentarians although the

figure has been reduced by 1% since the last term. We have one female Vice President, who was just elected last month and we also have 4 female Ministers. One of the reasons for the aforementioned economic success is that female participation in the economy is very high in Vietnam. Women's employment is very high and women hold good positions too. Female education is also very high.

Third, in Vietnam we have a very comprehensive reproductive health policy and strategy. It follows the recommendations of ICPD. In Vietnam, most people, nearly 100%, know about family planning. Because the percentage of the people who know about family planning is very high, the percentage of people applying it is also very high. Presently nearly 80% of them are using contraception. There are many public health programmes to take care of women and children, so compared with other countries it rates well. Vietnam currently has an infant mortality rate (IMR) of 18/1000. Compared with other countries with the same GDP per capita income as Vietnam, we are advanced. Often they are normally 40/1000, but in Vietnam we have reached a very low level of just only 18/1000 IMR. But we still have many big problems that differ in regions because in the mountainous areas it is very difficult to reach targeted people.

Child vaccination levels were one of the big contributions for reducing IMR in Vietnam. Yesterday one professor from Japan spoke about the successful programme in the vaccination of children. Regarding child malnutrition, after the war Vietnam was very poor and malnutrition was very high. But the government has made a lot of effort so child malnutrition in Vietnam reduced very quickly. Child malnutrition which was around 50% in 1985 has been reduced by more than half since then. Also Vietnam has a very good programme for taking care of pregnant women and birth delivery. This also has reduced IMR a lot. We have a network of health centres and public health workers, so the rate of health check during pregnancy is very good and we carry out checks for most women during their pregnancy. Regarding delivery and place where they are giving birth, in Vietnam we are making a strong effort, but still 21% of women give birth at home because of mountainous areas and villages located very far from health centres. But for 50% of those, we send health workers to help those women give birth. They are called resident birth attendants. 50% of the birth attendants are supported by medical doctors. This is a good indicator. In Vietnam each commune has one medical doctor and two or three midwives or assistant doctors and recently 70% of the communes have health centres with one medical doctor.

Vietnam also pays attention to teenage reproductive health. This is a programme effort by the government. Another thing which is very important is how we can help infertile couples have

children. We have the policy of not only asking people to reduce the number of children they have, but also helping couples having difficulty becoming pregnant by giving them treatment. The infertility rate in the world is around 10 to 12%. In Vietnam we have around 13%. There are approximately 1 million couples with infertility problems in Vietnam so we have set up infertility treatment and this is one of the important issues in the reproductive health strategy of Vietnam. Currently we assist only 20% of those women for infertility treatment. Treatment for infertility in Vietnam occurs at different places in Hanoi, Ho Chi Minh City, and Da Nang with a high success rate for treatment for infertility.

What are the lessons learned and actions from here? After more than 30 years of carrying out the population programme in Vietnam, we think there must be individual motivation, not compulsory family planning. It must be a voluntary programme. In Vietnam it is a combination of the political system, NGOs and women who motivate the people to carry out family planning and reproductive health. It is very important that high ranking leaders support the policy. If the President or the top Secretary still considers that family planning and population programmes are the work of women themselves, it cannot be successful. Thirdly, parliament must also be active. We must persuade our colleagues to understand and to support and to spend national budget on these issues. With no money, no resources, no workers, we cannot achieve success. We must also have a comprehensive reproductive health strategy. Not only focussing on birth control. This is very important. Birth control is one of the main targets but we must cover the issue comprehensively. Like in Japan, social economic development including poverty reduction and gender equity is a large contributor. If the country remains very poor and does not pay any attention to its rural development, the population will continue to increase. The last one is very important: international cooperation. International support and finance from the UNFPA, ODA, G8 and other developed countries is very important for you to carry out a successful programme. Thank you for listening.

“Impact of HIV/AIDS on Women and Children in Thailand”

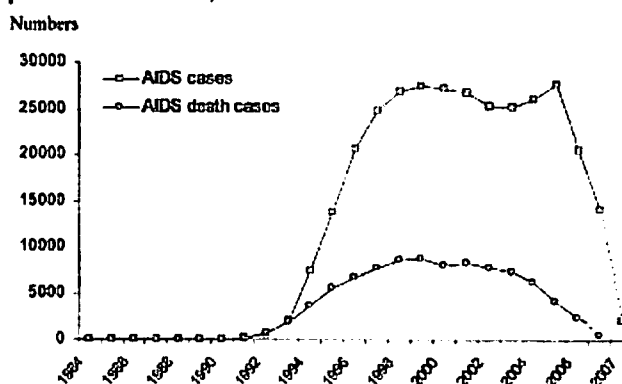
Resource Person:

Mr. Tuang Untachai, MP (Thailand)

I am very honoured to share the experience of Thailand on the total impact of HIV/AIDS on women and children. Three topics: the first, impact of HIV on children; the second, impact of HIV on women; and the third, some lessons of Thailand on HIV.

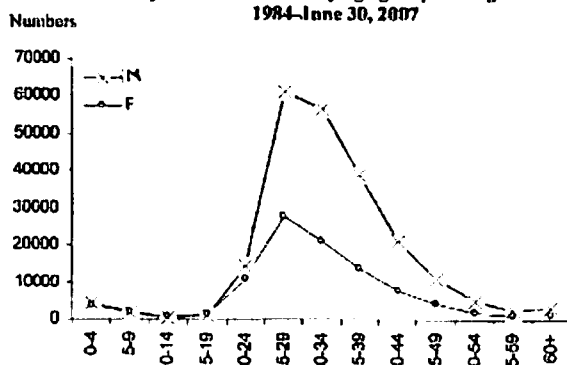
HIV/AIDS is an epidemic in Thailand. As reported by the Bureau of Epidemiology in 1984, the cumulative number of AIDS patients is about 317,000 cases and 87,650 AIDS death cases as of June 30, 1984. Currently the trends of AIDS morbidity and AIDS mortality show a decrease from 10 years ago (Figure 1, 2). Within the Thai population, we have found the percentage of AIDS cases to be the highest at 28% in the 25 to 29 age group followed by 24.5 % in the 30 to 34 bracket, 16.54% for 35 to 39 year olds, 9.07 % in 40 to 44, 7.99% in 20 to 24, and less than 3.88% in 0 to 14 age group. In the 15 to 19 age group the rate of AIDS cases in young women was higher than that of men.

Figure 1. Distribution of reported AIDS cases and AIDS death cases by year of diagnosis in Thailand, September 1984- June 30, 2007.



Source: Bureau of Epidemiology, MOPII, Thailand

Figure 2 Distribution of reported AIDS cases by age group of diagnosis in Thailand, September 1984-June 30, 2007



Sources: Bureau of Epidemiology, MOPH, Thailand

In 2006, most of the AIDS cases were found in Northern Thailand, followed by central, southern, and north-eastern areas. The percentages were reported at 32.61, 30.66, 19.54 and 10.63 per 100,000, respectively. In 2007 Central Thailand witnessed the highest trend of AIDS epidemic in the country. The majority of these AIDS patients are found in the capital city of Bangkok and its province.

There are many national campaigns focused on HIV. The Government of Thailand has collaborated with NGOs on the importance of enforcement from civil society organisations in the development and implementation of HIV/AIDS programmes since the beginning of the epidemic in the country. Partnership among governmental organisations, NGOs, and people living with HIV/AIDS has been fostered and strengthened through our programme development during the past 20 years.

Starting in year 1992, an annual national budget has been allocated to support the work performed by NGOs and People With AIDS (PWA) groups. The financial amount has increased and is staying in the scope of partnership in HIV/AIDS programme until the present time. The national budget is provided to NGO groups in order to support all kinds of prevention and care activities aiming towards different target groups. It can also be used to mitigate the impact on HIV/AIDS affected families and individuals. NGOs and PWA groups have to submit their project proposals in accordance with the National AIDS Plan and its strategies. All the proposals are reviewed and rated by a committee, representing staff of government, NGO and PWA, at the

regional level. Selected projects with a high score receive a grant from the Government budget.

The most important point to this topic is the network of these organisations. The Thai NGO Coalition on AIDS, whose members are now over 150 is the core coordinating body for HIV work among NGOs. In addition to the members, it is estimated that there are more than 500 NGOs or community-based organisations working in the field of HIV/AIDS country-wide.

In Thailand, it is a big issue to try to teach sex education and to try to learn sex education. From the Thai cultural aspect, talking about sexual partners and frequency of sexual activities is very difficult. Lack of knowledge and education on sex education makes it more difficult. For a successful campaign, learning from role-play is effective.



The Prevention of Mother-to-Child HIV Transmission programme was launched in Thailand to prevent mother-to-child HIV transmission. The programme has been run as part of the national HIV/AIDS programme since the year 2000, following the “Bangkok Study” which successfully illustrated the efficacy of short-course AZT prophylaxis in the prevention of mother-to-child HIV transmission. The programme has been expanded throughout the country at full speed and within one year it has been implemented nationwide. All hospitals have been able to provide services to all HIV infected pregnant women and their babies since 2001. The service’s components included in the national programme are as follows:

- Pre- and post-test counselling;
- Short course Zidovudine (AZT) will be provided to HIV affected pregnant women, starting at the 28th gestation until labour. During labour, Nevirapine (NVP) and AZT will be administered;
- All babies with HIV infected mothers will received NVP and AZT syrups during the initial phase;
- Milk powder substitutes will be given to all babies; and
- Long-term follow-up for proper care and anti-retroviral treatment will be provided to infected mothers, their babies and families.

That's all. Thank you very much.

“HIV/AIDS Prevention and Its Obstacles”

Resource Person:

Dr. Chris Baryomunsi, MP (Uganda)

I am happy to be here to make some comments on the issue of HIV/AIDS, not only focusing on Africa but also the kind of lessons that we have learnt in the last 20 years or so of implementing HIV/AIDS programmes.

We have around 40 million people who are infected with HIV/AIDS today with close to 70% in Africa and sub-Saharan Africa. Even when you look more closely at sub-Saharan Africa, it is mainly prevalent in countries in the southern part of Africa such as South Africa, Botswana, Malawi, Zimbabwe, and Zambia. They have prevalence rates above 10%. And this is a very big problem. When you come to the eastern part of Africa, a number of countries have prevalence rates ranging between 6 and 7%. And although in the western part of Africa the prevalence rates have been low, the figures we have show that they are slowly increasing in Nigeria, Senegal, and the other countries. So it is a big problem. But what we see is that in South-Eastern Asia and Latin America, the problem is also increasing. Overall, of the entire globe, HIV/AIDS prevalence is increasing, whether in America or Europe or Asia. So it is a big problem, which I think we should spend more time discussing as Members of Parliament and also partners who are in the field of population, reproductive health, and HIV/AIDS.

It is estimated that every minute about 10 people become infected with HIV. Seven of the 10 people who become infected every minute are in sub-Saharan Africa, where a number of us are Members of Parliament and also leaders. And we are worried and actually concerned about this state of affairs in our continent and in our countries.

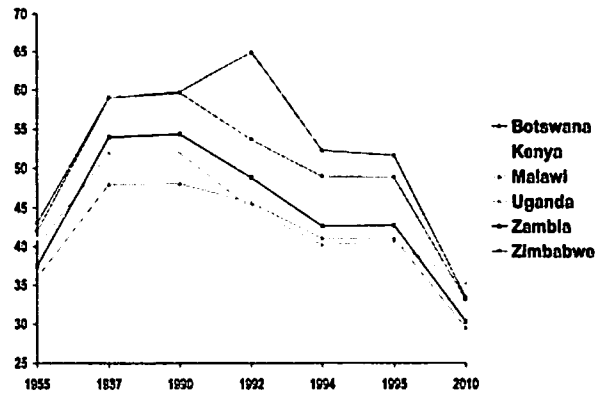
A number of studies have been conducted, trying to understand why Africa is more affected than any other part of the world. There was a multi-centred study which was done in various cities of Africa, but there were no precise factors which could be identified. But a number of studies have tended to show that there are factors which could be responsible for this big problem: why HIV/AIDS seems to be higher in Africa. One of them is the issue of poverty, because poverty levels are relatively high in most of the countries in Africa. Poverty alone, however, can not explain HIV/AIDS because countries like Botswana, which has the best GDP in Africa also has the highest prevalence rates of HIV.

Also there are issues of governance. We have conflicts in most of the countries in Africa. And where the HIV prevalence is very high, most likely there is a conflict. Uganda, Sudan, Democratic Republic of the Congo (DRC), in most of these countries, there are conflicts. So issues of governance and conflicts also contribute to the question of HIV/AIDS. We have poor health systems. We are not able to deliver most of the services, even when we have the resources. We have cultural and religious norms and practices which still make it difficult to prevent HIV/AIDS. High levels of illiteracy as well. When you develop communication materials, you will find a number of people in Africa, particularly women and young girls cannot read and write. Therefore, these messages cannot reach out to these people.

Also the low status of women. You will notice that when you differentiate between males and females, in Africa HIV is higher among females compared to males. This is partly due to the low status of women and also the sexual behaviour of men which actually results in the infection of these women. We also have a high burden of sexually transmitted infections, and we know there is a relationship between sexually transmitted infections and HIV/AIDS. And also some studies have shown that the strains of HIV, which are prevalent in Africa, especially the southern and eastern parts of Africa are fairly virulent. They are much stronger and associated with epidemics, highly fatal compared to the rest of the world. And also some studies have shown that as much as we have plenty of food and good climate, there are high levels of malnutrition among Africans. So these are some of the factors which have been identified through various studies that could partly explain why Africa is more affected with HIV/AIDS compared to the rest of the world.

I will now outline some of the effects of HIV/AIDS on the African continent. When you look at life expectancy, we notice that about three, four decades ago, most of the African countries had increasing life expectancies (Figure 1). In 1955, 1980, in the 50s and 60s, early 80s, the life expectancies for most of the countries grew and was improving. But we notice that in the 80s, early 90s, that was when HIV/AIDS came on the continent. And for most of the countries, the life expectancy has been negatively affected. But definitely with the advent of ARVs, the picture is slightly changing. But still we have a very big problem. Most of hospitals and the health centres in Africa are full of AIDS patients and AIDS related cases.

Figure 1 HIV/AIDS is affecting life expectancy

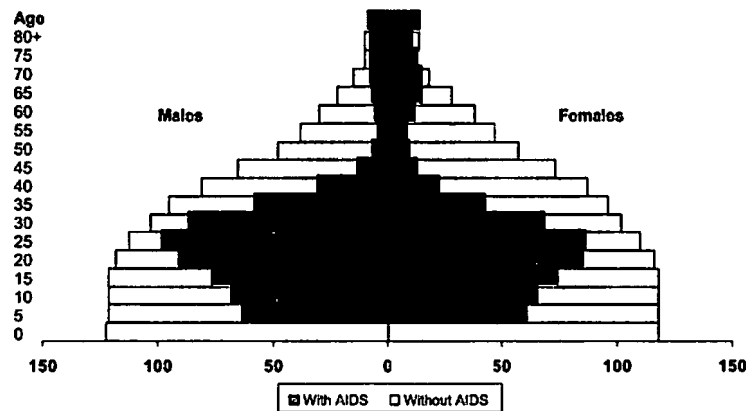


The other issue that we want to raise is the issue of orphans because what we see in Africa is that those who get infected with HIV are mainly young people who are of reproductive age. And of course, now the ARVs are changing the picture but again also in resource poor settings like in Africa, a number of people cannot access ARVs and definitely we see a lot of mortality. So many young people die leaving children orphaned, and this is another crisis that is hitting the continent. Some of these orphans are born with HIV and they grow up with HIV. They lose both parents and this has distorted the whole family structure within Africa and it is a very big problem which we must address as a continent.

The other effect I want to discuss is that HIV/AIDS is distorting the demographic structure of the populations in our countries. When you look at a country like Botswana, this is the type of population structure with and without HIV/AIDS (Figure 2). Without HIV/AIDS, the population of Botswana shows the usual structure in Africa with a very wide base, many children, many young people, and very small aged population. But when you factor in HIV/AIDS, and Botswana has the highest prevalence rate in Africa, you see the effect of HIV/AIDS on the population structure of Botswana. And this is typical of most African countries that HIV/AIDS has distorted the demographics. And this continues to be a challenge which we must address also as a continent and as partners.

Figure 2 AIDS' Toll on Population Structure, Botswana

Population Structure in 2020 (Projected)
Thousands



Source: U.S. Census Bureau demographic estimates and projections, 2002.

There are a few major routes of HIV/AIDS transmission. But in Africa it is mainly heterosexual transmission and mother-to-child transmission, according to our public health report. So when we talk of prevention programmes, they mainly rotate around these two routes of transmission. I know in other settings, in the Western world, even in Asia, men having sex with men and intravenous drug use are maybe major routes of transmission. But for us in Africa it is these two which are major routes.

Prevention interventions have been carried out in most settings using information, education and communication. School-based sex education, voluntary counselling and testing, peer-based programmes, condom distribution promotion, social marketing, screening for sexually transmitted infections, treatment for STIs, prevention of mother-child transmission, and prevention of blood-borne transmission. These are some of the interventions that we have to undertake in Africa to prevent HIV.

In over 20 years of implementing HIV/AIDS programmes, we see that a number of countries, including Uganda, which I represent, have achieved some high levels of success. But also in other countries we see that prevention has worked and the infection rate of HIV is coming down. And we have done analysis for most of these programmes, not only in Africa but also all over the world, and they came out with factors or strategies that are associated with successful programmes addressing HIV/AIDS. One of the factors associated with successful programmes like in Uganda, Senegal, Cambodia, Brazil, where there have been successful HIV/AIDS programmes, is the high level of political leadership. You need the political leadership of the

country to be committed, to be engaged, to be involved, for HIV/AIDS programmes to be fairly successful as we have seen in a number of countries.

Number two, you need active engagement of civil society and religious organisations in a multisectoral approach. This is the approach we used in Uganda for the fight against HIV/AIDS. It should not be left to medical doctors, or the Minister of Health alone, but should be a multisectoral approach where the public, the private, civil society, and all partners should have a role to play in fighting HIV/AIDS. Also we need population-based programmes designed to change social norms. HIV/AIDS is not a medical problem alone; it is a problem that affects the entire society and therefore the programmes that address HIV/AIDS must be holistic and must be able to change some of the norms at the community level.

And the other factor is that there should be increased open communication about sexual activities and HIV/AIDS. In Africa, in our setting, it is not usually easy to discuss issues of sexuality, issues of HIV/AIDS, and issues of sex. When HIV/AIDS came, one of the challenges we faced was to be able to discuss openly the issues of sexuality. In order to improve the capacity of parents to be able to communicate to children about pregnancy, sexually transmitted infections, HIV/AIDS, and issues around sex, as well as in order to be able to build the capacity of teachers to communicate to young people, successful HIV/AIDS programmes require that there should be open communication about sexual activities and sexuality issues.

The other factor associated with successful programmes is that the programme must combat stigma and discrimination because in most of our settings, especially Africa, HIV/AIDS is mainly sexually transmitted. There is a tendency to think that those who are HIV positive are not morally upright; therefore, the programmes should address stigma and discrimination. Everybody can get HIV/AIDS and this to a great extent has reduced the stigma and discrimination. By this way you get many more people opening up, many more people coming for tests and are able to enrol them in ARV programmes.

We also notice that successful programmes must ensure that condom promotion is part and parcel of the programmes. Of late, in most of our countries, we have seen tendencies of trying to promote abstinence-only education, and trying to remove the condom promotion part of the strategies. Even the evidence we have now is that abstinence-only programmes are not effective; therefore, condom promotion must remain part and parcel of HIV/AIDS programmes for that programme to be successful.

The other factor is surveillance and control of sexually transmitted infections because there is a very high burden of these infections in Africa. One of the key interventions should be targeting the key “bridge” populations. Those are populations that transmit the virus from high risk to low risk groups. Not only prevention, but treatment and care are also very essential. It is sad to note that our medical systems in Africa are not strong enough to ensure that the majority of the people access these ARVs, especially women in the rural areas.

There are a number of interventions which are still in the pipeline. There are many trials going on in several countries, but particularly I just wanted to highlight the issue of male circumcision. There have been lots of debates. The evidence and data tends to show that male circumcision is protective and just today in Uganda we have a very big meeting which is going to make a decision on whether male circumcision should be used as a policy measure for preventing HIV in Uganda. And I think this is a debate which is going on in most of the countries. I think from issues like microbicides and vaccines, we still do not see a lot of progress from the scientists. They keep telling us in 5-10 years. We still have a long way to go.

As I wind up, just to highlight a few lessons that we have learned in addressing HIV/AIDS. One is that the current major obstacles to HIV/AIDS programmes include limited coverage and access. Therefore there is a need to scale up most of the interventions which we are trying in our countries.

The other lesson is that we know that some strategies can work. Over 20 years of implementing HIV/AIDS programme, in Uganda, we are able to reduce HIV prevalence rate from about 18.5% in the early 1990s in the general population to 6.4% in the general population. In Senegal they were able to contain a low prevalence and it did not rise above 2%. In Swaziland it has also been very successful with a 100% condom programme. And the same in Cambodia, also the 100% condom programme has been successful. In Brazil, I think almost everybody who needs ARVs is accessing ARVs. So we know there are some strategies which can be very effective and can actually address the HIV/AIDS problem. However, what we see is that large amounts of funds are still being used in ineffective strategies that are not evidence-based. For instance, the abstinence-only programmes, which seems to be very fashionable in a number of settings today, and the evidence shows they are not effective. But again we see a lot of donors, development partners, coming and pushing some of these approaches on us, especially in Africa. I think as leaders we have to say that we should be able to use interventions which are evidence-based, where we know that they can work.

And again, successful proven approaches to HIV prevention have been identified, and particularly there must be emphasis on young people. And also we must address the gender concerns, especially in Africa. So addressing young people and addressing the gender concerns definitely will result in a lot of success for HIV/AIDS programmes. And the other lesson is that leadership and commitment at all levels is very important. The reason why in Uganda we were able to achieve the progress that we have been able to record is that the political leadership at the level of the President was highly committed, highly involved. And actually the programme in Uganda was mainly initiated and led by the President himself. And therefore all the political leaders, Members of Parliament, the leaders at the community level, we are involved. They took HIV/AIDS as a key priority in the country.



And again also that HIV/AIDS is not a medical issue alone, but we should be able to address the economic, political, social, and cultural factors that make individuals and communities vulnerable to HIV/AIDS. In other words, providing medical treatment alone is not adequate. We must be able to address questions of poverty, questions of women's empowerment for us to be able to tackle successfully the issue of HIV/AIDS. Also to address the continuum of response, one of the challenges we see is that when ARVs came into use, a number of countries tended to focus on the provision of ARVs and forgot to put emphasis on prevention. Yet we must balance issues of prevention, treatment, care, and social support. All of them are very important. Actual evidence shows that if you focus on treatment alone, you cannot control the infections. There is now a famous statement that for every person who accesses ARVs, there are six new infections that occur. So in other words, we must ensure that those who need ARVs access them, but we

shouldn't forget the prevention strategies which work. Therefore we must balance between prevention, treatment, care and psychosocial support in order for the HIV/AIDS problem to be successfully addressed.

The other key lesson that we have learned, especially in Africa, is that we cannot continue addressing HIV/AIDS as a parallel programme without integrating it into sexual and reproductive health. And I think that is one of the major challenges that we have. Because of the lack of integration, the PMTCP programme has not been successful in Africa, despite the availability of Nevirapine, AZT, and other drugs. We see that less than 10% of the women who should be accessing these PMTCP measures are actually accessing the measures. And this is largely because HIV/AIDS programmes are not mainstreamed, and not integrated into sexual and reproductive health programmes in Africa.

I would like to make an appeal that financial and human resources are very critical and still needed. Therefore, as leaders from the continent, I want to make an appeal. And we also need to continue investing in technology, vaccines, female condoms, ARVs and microbicides. I think the work must continue. Particularly female-controlled devices are very necessary in Africa so that we can have microbicides, we can have female condoms which can be controlled by the females, in order for us to combat the HIV/AIDS problem. I thank you very much for listening.

“Impact of Population and Reproductive Health on Community Development in Africa”

Resource Person:

Mr. Ali Issa Abbas, MP (Chad)

Africa has a surface of 30.3 million km², the second largest only to the Asia continent. The population is 9.25 billion and from 2005 to 2010 there has been a population growth of 2.1%. By 2050 it is expected that the population will double and we will be a total of 1.9 billion people. Most of them will be young, 60% of the population are under 30 years old. They live mostly in the rural areas, 62% in fact. Only 38% live in urban areas. So this geographical difference suggests that there is a great disproportionate difference between the rural and the urban living.

There is urbanization going on very rapidly and we are not able to keep up with the infrastructure that is needed, and there is a great deal of discrepancy between the rural and the urban. With a 3.2% increase in urban populations social needs have rapidly expanded in the urban centres. Everywhere in the African continent individuals and collective bodies are demanding access to water, to employment, to land, to housing, to structures, and to education. Education is important because it opens the door to modernization. These demands are particularly important in the urban centres because we have an urban environment which is not conducive to humans living socially and culturally. In other words, the African continent is at a very important crossroads. It is just a dream to be able to achieve the Millennium Development Goals by 2015.

I will now address the impact of population on community development in Africa. It has much to do with setting the objectives for development. We have got to eliminate extreme poverty and famine. In sub-Saharan Africa, the extreme poor represent 46.8% in 1990. By 2004 it was reduced to 41.1%. But that progress came about after the year 2000. The people who live on below US\$1 a day has been stabilized, in spite of the fact that there is a rapid growth of population still. In seven of the sub-Saharan countries, the per capita income has increased by 3.5% between 2000 and 2005 and also 23 sub-Saharan countries have been able to mark 2% growth in the same period. So there are optimistic aspects for the future.

But in spite of this, the poverty index is the highest in sub-Saharan Africa. In other words, people who are the most vulnerable economically worldwide, such as the children who suffer

from famine, live in sub-Saharan Africa. To assure primary education by 2015 for all in sub-Saharan Africa, we are trying very hard to send children to schools, but we still have a long way to go. In sub-Saharan Africa, we did see a little bit of progress in reducing the number of pupils who do not go to school. Having said that, compared to other regions of the world, we are still far behind because 30% of the school-age children are not enrolled in primary schools. That is 72 million children of school age are not enrolled in schools. Of that number in 2005, 57% are girls. This is a huge number, but I think the reality is worse because the number of children really going to school and the number of children enrolled at schools do not match. So there are quite a few students who are not going to school every day. When there is a local conflict or post conflict situation, there is no official data, so how does one know? It is very difficult to know how many children do not attend school. Compared with the rest of the world, I think the situation is very pessimistic.

On gender equality and the empowerment of women in Africa, generally speaking there is advancing women's participation in society. The labour market is now being opened up to women, very gradually. In 1990 the number of women in the paid workforce was 28%, which increased to 32% in 2005. Women are participating in politics. In North Africa in 1990 it was just 3% participation but that increased to 8% by 2005, and that has to do with the number of female Members of Parliament. In sub-Saharan Africa in 1990 it was 7% but it grew to 17% by 2005. Rwanda is a special case with 49% of seats occupied by women Members of Parliament. Those making decisions are also increasingly female.

And it is important to have a stable and sustainable environment. The main problem is desertification and drought. That has much to do with climate change and also biodiversity. 60% of the African land is desert or arid. 73% of the agricultural land has been degraded because of the human life. We need a global partnership for development. It is very difficult to have a concrete partnership plan. Overall, development aid has been declining. Donor countries do pledge but in reality they are declining. There has been a pledge to double the aid for Africa but it has not been realized. Apart from the reduction of debt payment of Nigeria, there has been only a 2% increase between 2005 and 2006. And access to developed countries' markets has not progressed very much. Within the Millennium Declaration, the governments must do more so that globalization will be beneficial to all people.

Regarding the impact of reproductive health on community development in Africa, TFR is 4.77 in Africa. The world average is 2.58. In developed countries alone it is 1.58. Only 47% of births in Africa take place supported by medical staff, 62% in the developing world on average, and

99% in the developed countries. Maternal mortality also has a difference from country to country but on average the African continent has higher maternal mortality. Out of 100,000 births, in Africa, 36 countries have higher than 500. In Asia there are only seven countries; in Latin America and the Caribbean, 1; and in Europe, zero. Out of 100,000 births, in Africa, 17 countries have higher than 1000. In Asia there is only one country; in Latin America and the Caribbean, zero; and in Europe, zero. In Africa there is high maternal mortality. Regarding infant mortality, 90 infants die out of 1,000. In developed countries, the number is just nine. Out of 1,000 children, those who do not make it to their 5th birthday are 143 to 155. The number is 25 in developed countries.

27 % of African women have family planning. The world average is 61%; developed countries, 69%. There has been abortion and neonatal deaths. There is a great deal of challenge left in Africa with regard to HIV/AIDS; 45 million are affected. Three quarters live in Africa. Mutilation genital feminine, MGF, is a traditional issue and it happens a great deal in Africa. About 2 million women around the world have their genitals mutilated.

The voiceless tragedy of children takes place a great deal in Africa. And it falls on individuals and on young girls. This has a negative impact on development efforts in Africa, of course. And because of undesired pregnancy, it is making it difficult to make social improvements. The needs rise and the government does not have budget but must do something. Many countries have a huge debt with very little budget, so they cannot meet the needs of education, health, food, and safe drinking water, the very basic needs of human life.

What must be added to these numbers is malaria. It claims about 3 million lives worldwide, of which 2 million are in Africa. Every 30 seconds one child in Africa dies of malaria. From 2001 to 2010, the United Nations defined that period as an international decade of preventing malaria death. For tuberculosis patients, one quarter live in Africa. The same situation applies in communities. Individuals cannot meet their basic needs and they fall into poverty. And poverty has a negative impact on Africa. It drives up pregnancy and lowers enrolment of children in schools. Under such conditions, how can you develop communities? The resources are very limited and budget cannot be allocated for education as it has to be used for the repayment of debt. There is no welfare in Africa, and that has to do with the recommendations of the World Bank and IMF. Of course, the community must be responsible and that responsibility must be carried out at each level. And that is the only way the community can be part of the development process. The African parliamentarians as elected representatives of the people must contribute by enlightening the people and by appealing to the government officials, and by legislating the

needed laws. Thank you very much.



<DISCUSSION>

MR. EL HADJI MALICK DIOP, MP, SENEGAL (CHAIR):

We have listened to four presentations so far. We would like to invite your comments by moving on to a general discussion.

DR. JAGANNATH MANDHA, MP, INDIA:

We have problems in implementing family planning methods voluntarily. We cannot force it on them. My question is how the voluntary system is being practiced by the people, and how it is successful. And concerning the very successful poverty reduction programme in Vietnam, all the studies and surveys show that the population explosion is related to poverty. In India surveys indicate that the TFR is higher in rural status people, rather than the affluent status people. Thank you.

MS. NUGRAHA BESOES MARYAMAH, MP, INDONESIA:

In my country we once also had good family planning practices, so that the Minister of Population and Family Planning received an international award. But because of the change of

system in the government, from centralized to decentralized, family planning is not under the minister anymore. So it lost the power of the family planning movement because our region does not put priority on family planning. So my question is, how do you implement the family planning programme in your society? Do you socialize the importance or do you give free services for family planning? Because in my country nowadays, we give free family planning services for the poor families, but then those who are not poor do not want to do the family planning, especially the villagers in rural areas, because they have to pay to use any of the family planning programmes.

And about HIV/AIDS, I want to add that the cause of infection is also by needle use for persons involved with drugs. That has been the case in my country. Many are affected by HIV/AIDS because of drugs. Of course all the causes you said in your presentation are important, but there is one more that is also important, that is the unawareness of those who are infected. This means that it can spread to more and more people without their awareness. We try to promote the awareness and give free condoms in my country. But it is not accepted in society. I think leadership support is important, but mostly the awareness of society is also very important in preventing the spread of HIV/AIDS.

MS. ABIKE DABIRI, MP, NIGERIA:

I will start with the honourable MP from Vietnam. You have a brilliant population policy, very successful. But just like the case of Japan which I heard yesterday, I am worried about the consequences in the near future. You are losing your young ones and I hope you are thinking seriously about what to do, because I will not want to hear about this problem in 20-30 years time. Because it is a problem which was heard yesterday from the presenter of Japan and he just said it was a matter for another time. So I want you to tell us what you are looking to do in the future about that problem. And you talked about the female participation in your economy and how high it is, but I want to know how high up they are. Because in my part of the world, women participate a lot, but they are not recognized; they are informal.

Then to the two presenters from Thailand and Uganda. Sincerely speaking, do you think that we can actually progress, as long as stigmatization is concerned? What do we really do about that stigmatization? And sincerely speaking, do you think we can achieve much if we do not do something about the stigma. And then to the presenter from Chad. I think most importantly if we do not tackle corruption in Africa, we are not going to make any progress. So what do we do about corruption? It is very important. And then we heard from Japan about political will, leadership, which I think we are lacking in our part of the world. As long as we do not tackle

corruption, we are going nowhere. Those are my questions. Thank you.

MS. TOVHOWANI JOSEPHINE TSHIVHASE, MP, SOUTH AFRICA:

The presentations were part of an eye-opener to the whole of Africa and the rest of the world. We have to go to the root cause. Why is Africa now poor? Why are we suffering? When the ARVs come to our countries, why are they so expensive to the poor people? That is why we have to go to the root cause, not fighting. So I think our fellow friends from other countries extend your hands and have that passion of our people that are God-created creatures. Thank you very much.

MS. EMMA BOONA, MP, UGANDA:

It is really important that we discuss issues of development and diseases. I would like to add some comments to the presenter from Uganda. In Uganda, one of our church leaders, a Reverend, came out to explain how he has got HIV. So the more people can come up and talk about it, the less stigmatization among people. In Uganda the stigmatization is decreasing because almost every family has been directly or indirectly affected. You either lost a relative, you either lost a friend, or you are taking care of an orphan. So you have given AIDS a face by taking care of somebody who is terminally ill. So there is no way somebody should be pointing a figure at you because he himself has been directly or indirectly affected by the disease. That is one contribution. Another one, there are cases when either husband or a wife, is HIV negative and the other is HIV positive. But with more couples being tested, we are getting surprising statistics, that is, we are getting more and more discordant couples.

Finally, it is unfortunate that in some of our communities we still practice widow-inheritance. I was surprised. I was talking to a legislator in Kenya who told me the practice is still rampant. When your brother dies, the widow should be taken care of by the next brother in line. And to me that is very unacceptable, at this particular time, when we are threatened to extinction by the AIDS virus. So we need to do more about our cultures, really.

And lastly, I would like to add information to my brother from Uganda. It is true that abstinence is not based on facts. We have not got facts to know how effective it is, but I think in Africa we need to let our children know that it is very important to abstain from sex until you are ready. When I was growing up, we did not have this information coming from the first world in films to do with sex. It was not so open that our children were exposed to films that people engage in sex so early and freely. Unless we come up with a programme to tell these children that they should not practice what they see on TV.

DR. PETER DAVID MACHUNGWA, MP, ZAMBIA:

My first question is to Dr. Nguyen Van Tien on population policy in Vietnam. Regarding this policy of one to two children which you emphasized in your presentation was voluntary. Now, are there measures or incentives that accompany it for those who have one to two children, or it does not matter whether one person has three children or four? Are the terms the state or government give to the families with those numbers of children the same? But there are no measures to encourage people in that direction.

I am saying this because in Africa this could be quite important for us to learn from. I think traditionally in a lot of our countries, if you come out with a voluntary policy and say just have one or two children, it is not likely that it is going to be very attractive. Especially with the pandemic of HIV/AIDS, people might say, "Why not have a slightly larger family so that the chances of having some children surviving are greater".

These are some of the issues that you have to be dealing with when we are looking at that. And coming to the issue again, the presentation by our colleague from Uganda, treatment or availability of ARVs to people who need them is problematic. In the rural areas even if you have some ARVs, you need equipment like CD4 counters in order to be able to determine who should get these ARVs. And you find that these are not available. They might be available in the urban areas or in the city. And it is very difficult for medical people in the villages to decide where they should begin administering these drugs. So the issue of technology, equipment and resources in order to be able to do that becomes quite important.

Now the issue of abstinence, which has been commented upon by my colleague, I think is important. But I fully agree with the presentation that it should not be the main form of treatment. I think the religious fundamentalists and, especially in the U.S., the President of the United States for example, has been pushing abstinence. But while it is important, it is utopian to believe that people are going to abstain 100%. Although it is important, that cannot be a policy for prevention. I think that should be supported with other methods including the use of condoms and microbicides and I think this is important.

MR. EL HADJI MALICK DIOP, MP, SENEGAL (CHAIR):

I think the questions can be boiled down to nine questions. So could we start having our answers? Mr. Baryomunsi, please.

DR. CHRIS BARYOMUNSI, MP, UGANDA:

Regarding the issue of stigma and discrimination, I agree with our friend from Nigeria that we shall not make significant progress unless we really address these issues of stigma and discrimination. And that is why I said that one of the features of successful programmes is that it should focus on really de-stigmatizing the whole issue of HIV/AIDS. So I agree with you. And like my colleague from Uganda said, in the programme in Uganda, we try to ensure that addressing stigma and stigmatization is a key component. And that is why we encourage high profile people including politicians and religious leaders to come up and test and be able to tell the public, and in that way we encourage the ordinary people to test. And then we know that HIV/AIDS is a problem for everybody. So it is important that we address that issue as you raised it.

On the issue of abstinence, as a doctor I can say abstinence obviously prevents HIV. In other words, if you do not engage in a sexual relationship with somebody infected, it will prevent you. But what I was saying is that the evidence shows abstinence-only programmes are not effective. So there is a difference between abstinence and abstinence-only programmes which are being promoted. What we see especially from the U.S., I must say, is that you see a push to remove condoms from the menu and to focus on abstinence-only education. And this has been evaluated. There is no evidence that shows that it works. So, yes, we promote abstinence, but it must be together with the other approaches, because we know young people are sexually active. So if you tell them abstinence, not all of them will abstain. I was not saying that abstinence does not protect and it actually does, but abstinence-only programmes are not effective. And there is evidence for that.

DR. NGUYEN VAN TIEN, MP, VIETNAM:

The first question was concerning the voluntary family planning programme in Vietnam. That is voluntary-based, but voluntary with conditions. The condition is that the government spends money to buy contraceptive supplies and gives them for free to all the people using them. And then the government spends a lot of money on poverty reduction, which goes with the voluntary programme. To answer the question that India raised, poverty reduction in Vietnam is very successful. Vietnam has spent a lot of money on rural development, education, microcredit and women's issues. So this is a free family planning service for all youth, for all of the persons who want to use it. And then the government decentralized the family-planning programme. It is mainly under the control of the local authority that the ministry entrusts planning the expenditure of government money and international cooperation with the UNFPA and with the other countries to support that programme.

Regarding the Nigeria question, I gave the answers in my presentation already. While the government still enjoys victory in the family planning programme for birth control, the government must begin to address the alarming information about aging, which may come soon. That is a function of the parliamentarians, because in the parliament, we have our committee to give scientific evidence concerning that. And the last question, concerning women in the economy. Not only in the informal sector but also in the formal sector, actually, economical equality in Vietnam is very high, such as 60 to 40, not 90 to 10. We are not strictly economically equal between men and women, like 50 to 50, but more 60 to 40.

MR. ALI ISSA ABBAS, MP, CHAD:

Corruption is really a big disease for Africa. It is known that our government is not good. Therefore our situation is very delicate. In terms of development, we have problems. It is difficult to define what corruption is. When there is corruption, there is a giver and also a recipient and we should consider that also.

MR. EL HADJI MALICK DIOP, MP, SENEGAL (CHAIR):

Okay, this is the end of this session. Thank you.



Session V

“Sustainable Development and Capacity Building”

Session V

“Sustainable Development and Capacity Building”

Chairperson:

Dr. Nguyen Van Tien, MP, Vice-Chairperson of VAPPD (Vietnam)

DR. NGUYEN VAN TIEN, MP, VIETNAM (CHAIR):

This session we have three resource persons. For the first report, I would like to introduce Dr. Jagannath Mandha. He is a Member of Parliament from India. He is a medical doctor and a political and social worker. He is on the Committee of Ministry of Health and Social Welfare, the Committee for Women Resource in the Parliament of India. He organises many social functions for the poor in the rural and urban areas.

Second speaker is Honourable Li Honggui. He is the member of the Education, Science, Culture and Public Health Committee of the Chinese National People’s Congress. He has worked in the field of epidemic prevention, public health administration, and population and family planning.

The third speaker is Ms. Emma Boona, MP from Uganda. She has been active in activities to promote Reproductive Health and women’s empowerment.

“Inter-relation of Primary Education and TFR: A Case Study in India”

Resource Person:

Dr. Jagannath Mandha, MP (India)

India is a multiracial, multireligious and multicultural country. The fertility rate of women is dependent on many aspects along with the educational standards of the women in the country. Fertility means the actual breeding of children. A woman reproduces from roughly around 15 to 44 years of age, for around 30 years. A woman married at 15 years and living till 44 years with her husband is exposed to the risk of pregnancy for 30 years and may give birth to 15 children. But this maximum is rarely actual. Information on fertility in India indicates that an average woman gives birth to an average of six or seven children if her married life is uninterrupted. Fertility depends upon several factors as I said earlier. The higher fertility in India is actually due to the universal terms of marriage: lower age of marriage, lower level of literacy, poverty, limited use of contraceptives and traditional ways of life.

First, as it is going to be the subject, I will touch upon the relation between primary education and the TFR in India. There is an association between the fertility and educational levels of women. All the national surveys, since the independence of family health surveys conducted by India, shows that total fertility rate is 1.5 children higher for illiterate woman than for women with at least high school education. The education of both wife and husband directly affects the wife's fertility performance, based upon the National Family Health Surveys of 1992-93, 1998-99, and also 2005-06. It gives TFR estimates by educational level the mother has obtained in the 2001 census. The observation is that there is a decline in the TFR from the first survey to the second survey and at all education level categories. The decline in the TFR is sharper from those who are illiterate to those who had attained some education. These values are higher for every educational level compared to those obtained in the National Family and Health Survey 1 and the National Family Health Survey 2.

As for the National Family Health Survey figures, the education level and fertility rates, the total fertility is 3.3%. And according to 2001 census, it is 2.73. We have come to the analysis that in the illiterate, given in the National Family Health Survey 1, it was 4.03. Literate but less than middle school education, it was 3.01. Middle school completed but less than the secondary, it was 2.49. High school completed and above, it was 2.5. Regarding the National Family Health

Survey 2, the average total fertility was 2.85. The illiterate was 3.47. Literate with less than middle school completed was 2.64. Middle school completed but less than secondary, 2.26. High school completed and above, 1.99. Coming to the National Family Health Survey number 3, the average total of 2.68 and illiterate, 3.55. Literacy with less than middle school was 2.49. Middle school completed but less than secondary, 2.23. High school completed and above was 1.91. When we look at the figures, consistently the data for fertility was around 3.9 to 4 in illiterate people. And it has come down in the case of the educated, whether it is primary education, middle school education, or higher education, and this shows that the education of a woman directly has an affect on the fertility rate of the women in India. Girls schooling, particularly in middle school and beyond, affects the number of births in many ways. First, it delays the marriage since girls are not usually married while they are in school. Secondly, the fact that education is a goal is an indication of the likelihood that she will be married in a family with enough resources to afford medical help to her children, which could prevent many infant and childhood deaths. This keeps the total number of live births at the low level. Literate and educated couples would like to provide better education to their children than they themselves had which in turn is costly and hence they would limit their family in size.

What are the other factors which influence the fertility rate in India? There is the age at which the girl gets married, the duration of married life, spacing of children, economic status, caste and religion, nutritional status, family planning, other factors like physical, social, biological, cultural factors which influence the fertility of women in India.

1. Age at marriage

Coming to the year at which a female marries and enters the reproductive period of life has a great impact on fertility. As for the data on fertility available, on a national scale, it was found that females who get married before the age of 18 give birth to a larger number of children than those who married after 23. In India some demographers have estimated that if marriages are postponed from the age of 15 to 20 or 21 years, the number of births would decrease by 20 to 30%.

2. Duration of marriage life

Studies indicate that 10 to 25% of births occur within one to five years of married life. 50 to 55% of the births occur within 5 to 15 years of married life. Births after 25 years of married life are very few. This suggests that family planning efforts should be concentrated in the first few years of married life in order to actualize tangible results.

3. Spacing of children

Studies have shown that when all births were postponed by one year, at each age group, there was a decline in the total fertility. It follows that spacing of children may have a significant impact on the general reduction of the fertility rate. This also comes out of surveys.

4. Economic Status

Our present research studies support the hypothesis that economic status bears an inverse relation with fertility. The total number of children born declines with an increase in per capita expense of the household. The World Population Conference at Bucharest in fact states that economic development is the best contraceptive. It will take care of population growth and bring about the reduction of fertility. And here in the survey it shows that in the low level status where the fertility rate was 3.4; in medium level economic status, 2.9; when coming to high level financial status, 2.1 is the fertility rate.

5. Caste and religion

As I said earlier, India is a multiracial, multilingual and multireligious country. This has a direct effect on the fertility rate of Indian woman. Muslims have higher fertility than Hindus. The National Family Health Survey 2 reported a total fertility rate of 3.5% among Muslims compared to 2.78 among Hindus. The total fertility rate among Christians was found to be 2.44. Among Hindus, the lower castes seemed to have higher fertility than the higher castes. That is why I was putting a question to our Vietnam colleague when many welfare programs are voluntary. Family planning is not compulsory in India, it is voluntary. We have not been able to be as successful as our Vietnam brother. Still, we are persuading the people to go for family planning with little coercion to bring down the population.

6. Nutritional status

There is a relationship between nutritional status and fertility levels. All well-fed societies have low fertility and poorly-fed societies have high fertility. The effect of nutrition and fertility is largely indirect. Then other factors, like I said, physical, biological, social factors play a greater role. These factors require great attention from the government.

Now coming to the subject given to me, it very amply shows that when I go to statistics from the surveys of the Government of India, education — whether it is primary education, middle school education or high school education — has a direct relationship with the fertility rate of women. For well-educated women, they can convince their life-partners as well as their family members in India. We have a peculiar situation where bearing of children, if not for the

individuals sake, they have to be for the sake of the grandmothers and grandfathers. It is a family culture. So an educated lady definitely will be able to convince the family members so that they will therefore condone fewer children.

Population control is very important for developing countries because the population is the natural consumer of resources such as food grains, educational facilities, medical facilities, transport and road facilities, clothing, etc. which have a direct bearing on the resources and finance of the country.

Finally, I feel strongly about sustainable development, community capacity building, less population and less requirement of the resources or more per capita spending on the individuals and for community development. And in turn the education of the woman plays a greater role in the TFR and population control. There is a need to show greater concern for women's education. We are all governments of the globe.



“Income Generation for Rural Women”

Resource Person:

Mr. Li Honggui, MP (China)

As a member of the delegation sent by the National People’s Congress of China, please let me talk about the work that has been done to help Chinese rural women increase their income.

China is a big agricultural country, in which the rural female labour force accounts for above 65% of the total rural labour force and plays a major role in agricultural production. Currently, China is actively pushing ahead with the building of a new socialist countryside. For China, it is a historic task with great significance for the new period and also an important measure to materialize the Scientific Outlook on Development. For balanced development between urban and rural areas, the stability in the countryside and the building of a harmonious socialist society, it is of great importance to do a good job to increase rural women’s income and make them active participants, promoters and beneficiaries in the building of a new socialist countryside.

China sets a high priority on the increase of rural women’s income. The top priority in our efforts to promote gender equality and the development of women is to ensure their equal access to employment, economic resources and social development achievements. Accordingly, we have formulated a series of measures that strengthen women’s capability to develop themselves and improve their social and economic status.

During recent years, the Standing Committee of the National People’s Congress of China has revised the *Marriage Law*, the *Law on the Protection of the Rights and Interests of Women* and other laws and regulations. The legal system for safeguarding women’s rights and interests has basically been formed. *Law on Land Contract in Rural Areas*, implemented since 2003, stipulates that female farmers enjoy the same rural land contractual rights as male farmers, which shall not be deprived of and infringed upon by any organizations and individuals. This provides a forceful legal protection for rural women to take part in production activities. Meanwhile, the Standing Committee of NPC has also conducted quite number of inspections of compliance with the law to ensure that relevant laws are effectively enforced and implemented.

The Chinese government has taken varied measures to help rural women to increase their income and has made substantial achievements. The measures are briefly listed as follows:

First, formulate policies and measures to promote gender equality and safeguard rural women's lawful rights and interests. The Chinese government has formulated *The Program for the Development of Chinese Women (1995-2000)* and *The Program for the Development of Chinese Women (2001-2010)*, providing policy support for the work on women. The governments at all levels have established women and children working committees. As a specialized law enforcement and coordination agency, it has mobilized forces from all sectors of the society and launched programs including service, promotion and education. Those efforts have considerably improved Chinese women, especially rural women's participation in economic, political and cultural activities and made active efforts to create a social environment to empower women.

Second, strengthen the education and training programs and uplift the overall ability of the rural female labour force. China has, according to the actual conditions, conducted various forms of training programs to equip rural women with necessary scientific knowledge to work on a farm or in a factory. The training conducted thus far has helped rural women to form new ways of production and life and thinking modes, and made them a new type of female peasant who are educated, equipped with technological knowledge and management skills. This has turned female manpower advantage into a development advantage in the building of a new socialist countryside. Currently, there are around 100,000 schools of different types for rural women, which play a supportive role to help rural women grasp the skills of getting rich. China attaches great importance on women's health care and has adopted measures to improve the health service for women and children, such as strengthening the service system, increasing financial subsidies and strengthening safeguard measures, etc. As a result, women's health level has been considerably improved, and the key indicators, such as the maternal mortality rate, have kept falling.

Third, vigorously develop rural female professional cooperative and economic organizations. These organizations have played an important role in disseminating technology, communicating information, linking farmers together, marketing and organizing sales, etc., and realized the integration of small-scale production and big market. With the accelerated pace of the structural adjustment of the agricultural industry, all types of female cooperative and economic organizations have gradually grown bigger and stronger. A considerable group of female entrepreneurs have emerged. Business models, such as "companies plus production bases plus farmers", "associations plus production bases plus farmers" and "exemplars plus farmers", have taken shape in practice. Many localities employ the associations of women to combine their working advantage on women with advantages of professional cooperative economic

organizations to lift up women's organizational level to enter into the market, and make them truly play the same role as men in the building of a new socialist countryside.

Fourth, encourage the surplus of rural female labour force to search for employment elsewhere and broaden their channels to increase income. As a priority project to promote rural economic development and rural women's enrichment, the focus has been laid on establishing a service platform for the inflow and outflow of the rural female labour force. Services are provided to promote the orderly transition of labour, such as policy consultation, information service, employment guidance, job recommendations and professional training. China also actively encourages and guides women working elsewhere to go back to their home and help them start up small businesses, to achieve the virtuous circle of "exportation of labour and importation of talents" and attract women to become rich in or near their home. The immigrant workers, especially the female immigrant workers, are a disadvantaged group of the society. China attaches great importance to protection of their lawful rights and interests and has taken multifold measures in this regard. For example, China has strengthened publicity of laws to raise female immigrant workers' awareness and improve their capabilities to use the legal tools to protect their rights and interests. China has established a hotline to help curb illegal practices of infringing on the lawful rights and interests of women immigrant workers. China has given more care to the life conditions of left-behind rural women and children, and taken concrete efforts to ease their concerns and solve their difficulties.

Fifth, mobilize forces of all social sectors and encourage all forms of social aid and relief activities to help women in poverty-stricken areas. China attaches importance to the role played by NGOs and social organizations. Relevant organizations from home or abroad are supported and encouraged to conduct poverty relief work, especially in central and western poverty-stricken areas. For example, the All-China Women's Federation has conducted a series of poverty-relief programs and played an active role to reduce poverty for rural women, such as the "Learn and Compete" activity which focuses on increasing rural women's income, the "Spring Bud Plan" which provides assistance and support to girl school dropouts, the "Mothers' Kiln Project" which aids women in western water shortage regions. "Happiness Project" is a nationwide social beneficent program with a history of more than 10 years. With helping the poor and returning love to mothers as its core values, the project's characteristic aid and relief models have attracted widespread social attention and participation. Up to December 31, 2006, "Happiness Project" had established 394 project points. The fund input totalled 401 million RMB and 171,800 mothers living in poverty benefited from its work.

Despite the achievements China has made, there still exists some problems. The status of women in rural areas, especially in distant and poverty-stricken areas, is still relatively low. The education level of rural females is still lagging behind rural males. The health care service still cannot meet their needs. Some rural immigrant female workers who have not received adequate education and professional training have to do jobs that are poorly paid and harmful to their health. Males still enjoy traditional advantage over women in terms of possession of family property, and some rural women's land contractual rights are still not fundamentally guaranteed. We need to work harder to further the advancement of rural women's enrichment and other work for the building of a new socialist countryside.

Next I'd like to present my thoughts on how to increase rural women's income.

First, work must be done to conduct multi-channelled, multi-subjected and multi-layered training programs, since uplifting women's quality is the inner driving force and an important prerequisite to realize women's self development. Training will equip rural women with scientific and technological knowledge and management skills, which will help them increase their income.

Second, give full encouragement to the initiative and creativity of rural women. Women play a major role in the development of rural areas. Respect should be paid to their pioneering practices and help them to realize their new ideas. Inspiring exemplars should be set and publicized to encourage rural women to create a new life.



Third, continue to strengthen varied forms of exchange and cooperation, and encourage the whole society to support and help rural women. China has had successful international cooperation programs and is ready to play an active role in international exchange and cooperation in this field.

It is a complex and integrated project and a long-term arduous task to realize rural women's enrichment and promote socially harmonious development. It needs the concerted efforts of the whole society and worldwide cooperation. I believe that parliaments and their respective members can play an important role on this matter. We are willing to strengthen cooperation and exchange with Members of Parliaments of other countries to make our contribution to increasing rural women's income, harmonious social development and the common prosperity of mankind.

“How to Empower Women: Elimination of Violence Against Women”

Resource Person:

Ms. Emma Boona, MP (Uganda)

Why is empowerment of women an issue today? What is empowerment?

Empowerment of women involves giving women the socio-economic, political, cultural and religious tools with which to enjoy their God given human rights, freedoms and responsibilities. Much of it has to do with creating awareness through education and creating an enabling legal system which can protect women against social ills like gender violence. Empowerment of women is important because of the following.

- **The Gender factor:**
In many of the developing countries, women are placed in a lower socio-economic position just because society believes so. They are discriminated against because they were born women. Opportunities for education, healthcare, employment, religion and political leadership and wealth inheritance are very limited for them. Because of this created lower status, women are easy victims of all types of gender violence.
- Because women are the major producers of food and care givers; because they carry the reproductive role of human kind, violence against them should be a concern of human kind. Therefore, violence against women indeed is a health issue since it negatively impacts on their health physically and psychologically.
- Statistics show that 500,000 women die every year, one every minute from pregnancy-related causes. Globally, there is a woman facing violence from a rapist every day, according to available statistics. Many cases of gender violence culminate in torture and death.
- Twenty million unsafe abortions occur every year resulting in tens of thousands of deaths and millions of disabilities. A half of them are a consequence of sexual violence against women.
- Although the population growth rate for women has been higher than that for men in the last two decades, by about 2.6% as opposed to 2.4% for men, they are endangered species

because:

- There are more illiterate women than men. In Uganda 55.1% of women as opposed to 36.5% for men.
- In education, the enrolment for girls decreases from 45% to 38% for secondary education and further declines to 35% at university level.
- The participation rate for women in the Labour force stands at 53% compared to 63% for men.
- Among the top decision makers in Uganda, women comprise 18% compared to 82% for men.
- Poverty levels show that women-headed households are poorer than male-headed households.
- So, such statistics go a long way to show the need to empower women mainly because of the intricate contribution they make towards development.
- The poverty factor: some women accept to live in life-threatening relationships because they can not support themselves financially outside the relationship.
- The vulnerability of women, especially the girl child, exposes them to violence from the opposite sex. They are lured into submission by the fear of the might and strength of the opposite sex especially when it is transgenerational sex.
- War in general impacts negatively on women's security. There are many reports of torture, rape, defilement and death of women in war zones. Many countries have used gender-based violence as one of the weapons of war. Examples abound in Mozambique, Liberia, and Congo to mention a few. Some reports even implicate peace keepers in similar acts in Africa.
- The illegal sex trade, children abductions and child trafficking are forms of violence against women. They thrive best during crises and disorder catalyzed by wars.

How to empower women: How can violence against them be eliminated?

- Mainly, for empowering women, there is a need to fight cultures which show an obvious preference of the boy child over the girl child. This is a physically and socially constructed belief that boys are superior to girls and therefore can and will do whatever they choose to do with them.
- The culture of bride price in some societies sometimes makes a woman a piece of property which is bargained over and therefore treated unfairly in the domestic relations. There is a need to create gender equality.
- Girls should not be brought up to believe that they are vulnerable and cannot manage outside alone. An abusive relationship many times ends up in death of one of the partners!
- Equality and equity for all should be emphasized in our education systems so that no one sees others as possible prey to pounce on at will.
- There is a need to train the girl child in skills of physical self defense against physical violence.
- Men and women should be taught as early as possible problem solving skills. Wars (violence) in relationships do not solve problems.
- The religious leaders should work harder to reconstruct the society especially at a time when gender violence is considered to be a catalyst in the spread of HIV/AIDS.
- Legislators should never allow their countries to go to war. There are far more negative effects of war on people, especially women and children, and of course to development as a whole that are irreversible.
- Legislators need to ensure that laws to punish perpetrators of violence be implemented.
- Governments need to invest more in programmes which increase political and economic opportunities for women so that they participate in higher levels of decision making processes and fight against gender violence. In Uganda, female parliamentarians are one-third of the total seats in parliament. And when we try to pass legislation to support

women's empowerment, such as legislation for protection against domestic violence, prevention of polygamy and entitle women to inherit property, we lose since we cannot gain majority. Many of our male colleagues are still not willing to give women such rights. Therefore, in the political sphere, it is very important for women to participate in higher levels of decision making processes.

- There is a need to create awareness about women's lack of empowerment and how it is illegal to batter women. Some cultures believe that a man has the right to do whatever he wants with his daughter – for example force her to marry early and to a man of his choice. In a sense, it is violence against women.
- Education of women in general enhances their empowerment and hence increases their resistance against gender violence. More and more women can come out to say NO to violence. Legislators therefore need to create affirmative action in education for the girl child.
- Empowering women economically is very crucial in the fight against violence. Some women decide to stay in abusive life-threatening relationships because they are unable to support themselves and their children once they walk out of it.
- Perpetrators of gender violence, especially domestic violence and crimes against women, which occur during war tend to get away with it. This places women at a dangerous losing end. There was some report on sexual exploitation by peace keepers in Mozambique, but no details came out and no one was punished.
- Legislators need to provide budgetary support for women who cannot afford legal fees in the process of fighting for their rights until there is gender equality.
- Legislators and civil society need to create a media which is aware of and friendly towards exposing abuse against women. This creates awareness in the fight against violence against women and towards possible solutions.
- Finally, the women themselves need to expose cases of violence against them, loud and clear. Women cannot win in silence.

<DISCUSSION>

DR. NGUYEN VAN TIEN, MP, VIETNAM (CHAIR):

Thank you very much for your presentations. The floor is open now. Pakistan, please.

DR. DONYA AZIZ, MP, PAKISTAN:

My comment relates to women's empowerment. In my country there is a saying that really the biggest enemy of women are women themselves. And in many of our cultures, we propagate the abuse that a mother-in-law doles out to her daughter-in-law. And we also propagate domestic violence because women are not raising their sons to respect women. So I think that when we talk about women's empowerment, it is really important to emphasize this, that as a first educator of a man, a woman, as his mother, really has a duty to teach him to respect women, to teach him that violence is wrong. And when he learns from his own mother, I think that we will be able to really nip this problem in the bud.

My question is to Ms. Emma Boona and it relates to gender-selective abortions. I know that in some parts of the world this is a big problem. And abortions really happen whether they are illegal or legal. When a woman decides or a family decides to abort a pregnancy, they will do it. And I am wondering that generally in Africa, has medical technology in the form of ultrasound and the ability to predict the gender of a child led to this gender selective abortion issue that we have seen in many other parts of the world?

MS. TOVHOWANI JOSEPHINE TSHIVHASE, MP, SOUTH AFRICA:

I am so thankful that at least this issue of women was raised. Not from Uganda only, maybe, but also other countries that are still oppressing women. In South Africa we have the Bill of Rights, which really recognises the rights of an individual, which women are also recognised. So we believe that when you empower a woman or when you liberate a woman, you have liberated the nation. But a man if he is really liberated, you have liberated an individual.

For your information I will try to explain this word "woman". "W" stands for a worker; "O" stand for an organizer; "M" a manager; "A" advisor; and "N", a nation-builder, because without us, there is nothing you men can do. We believe that really. That is why we have this 30% in South Africa, but still we are fighting for 50%. That must be 50-50. Even though it appears like a threat to men, we do not know what they fear because we know that when we are really supporting each other, we are building this country together. Equality for all. So I think that is

why I said it is not only for Uganda only but all countries have to see that women are really empowered, economically, politically, and everything. Thank you.

MS. ABIKE DABIRI, MP, NIGERIA:

I want to know what problems India has with cultural practices in terms of your girl-child education, because we go through a lot of that. You still have the men saying, "Well, it does not matter they can marry before 18". Can you just go into details of the cultural problems you have and how you deal with it as far as this issue is concerned?

And then China, I am very much interested because you have done very well to empower women. Can you just enlighten me a bit on some of your programs, like the Happiness Project? You ended your note by saying that you are going to work with us. I want to say I would like to benefit from that back home.

First, I would like to make a comment on the Pakistani MP's comment. I do not believe that "women" are women's problem. I think it is something that the men want us to believe. I do not think women are women's problem. The more women you have in positions, the less rivalry, the less problems we have with ourselves. I think it is more of a conjuncture of the men. They want us to believe that we do not like each other and it is something we will take up later.

Then, to my colleague from Uganda, who spoke of violence against women, I have two questions for you. You ended your presentation by asking women not to suffer in silence. Fine, it is a good thing, but how successful can we be in terms of domestic violence? We have tried to do a few things. I have found that it is difficult to tell a woman to leave a husband because he is beating her. How do you think we can get around that problem? It is really very difficult. They will still tell you he does not matter, I am better there than outside. So I want to hear your suggestions on how we can handle that problem. And I also want to ask you personally, have you been a victim of discrimination as a woman as you have grown on the ladder of politics and all that. Thank you.

MS. NUGRAHA BESOES MARYAMAH, MP, INDONESIA:

I also agree with what Ms. Emma said that women sometimes are unable to support themselves. So that is why in my country they have a law for violence against women. So as you see, especially for the uneducated women in the village, they do not have the courage to speak or to complain about what is happening to them. So that is why we need this law for them. And I also agree that we have to empower women, not of course to stand against men but of course to make

themselves more independent, not always dependent. The economic, or maybe social sectors, and of course cultural areas also have an effect like they do in my country and they may also in other countries, too.

DR. CHRIS BARYOMUNSI, MP, UGANDA:

This is for India and China, because your population policies are quite different from what we have in Africa, where you encourage couples to have one or two children. We hear that one of the criticisms is that it promotes infanticide for the girl children who are produced. So I just want a comment from you, is it true that the policies that you have actually encourage parents either to abort the female sex or kill infants who are female?

Then number two. I think like somebody else said, issues of women are also issues for men. And I think we, many Members of Parliament of Africa, support issues which are for the empowerment of the women. But I think the major issue sometimes is the packaging, the way women package their issues, sell them to the men. The moment it becomes an issue of women versus men, then you will lose. Thank you.

MS. FAMA HANE-BA, UNFPA:

I just want to make one point concerning the gender-based violence aspect of the presentation, especially the bill and the difficulties facing the parliament in Uganda in having it passed. And I wanted to say that the group within the parliament can depend on a number of instruments that were approved at the African Union level. One of them is the additional protocol to the charter on human and peoples' rights, on the rights of women. That has provision there on issues related to the rights of women in different areas. And I think maybe the first thing is to ensure that this has been ratified by the parliament in Uganda. And then you can refer yourself to that to have the government and the parliamentarians keep up to their commitments to the AU. The second one was a declaration of gender equality, again with the African Union. I know that these two now normally should be enforced because I think they have been ratified already by a certain number of countries and then should be enforced. I think this is important.

And thirdly, I do not know how strong the network of African women ministers and parliamentarians is. Because most of the time they develop very strong advocacy activities. For example, the same thing happened in Kenya. The bill was sitting there, had been on the table for a number of years, and was not passed. In one of the sessions of the parliament, it happened that the network of African women parliamentarians, the regional one, or the sub-regional one for East Africa, was meeting. And they marched and made a lot of noise about that. And

consequently the bill was passed that year. So I think you can use different elements, not only count on the majority of men in the parliament. Even if they are a majority, they have to abide by the commitments of the country. That is one. And you have to put them in front of their responsibility for the credibility of the country. And secondly also you need to use the power of the women's groups so that they can also mobilize different segments of the population for that.

And finally, the other point that I wanted to address are the government issues related to all of these programs, and especially the corruption one mentioned by our colleague from Nigeria. To say that certainly this is rampant in many countries, but luckily we are having now more and more kinds of rule of law in many countries. And of course it starts with the parliament. The first place where corruption can be fought is within the parliament. So our parliamentarians in Africa should mobilize themselves and make it a priority. You cannot build a country where resources, being domestic or external, are being wasted or are being taken away by people. So I think mobilizing within the parliaments to have bills passed on the fight against corruption is very important. Thank you very much.

DR. PETER DAVID MACHUNGWA, MP, ZAMBIA:

My first question is to our colleague from China. Now, what I wanted to know was, among the rural women that you are trying to empower, what is the prevalence of female-headed households, where the household is headed by a female. This is quite a problem in some of our countries in Africa, where you find that quite a considerable number of households are headed by females. And is that a big issue in China?

Now let me come to the presentation on elimination of violence against women. In passing legislation, one of the issues that is becoming quite topical in a number of countries is this issue of marital rape. I do not know what the position is like in Asian countries. And the issue which is also perhaps important, although you have not mentioned it, is the issue of female genital mutilation. In some African countries, especially in the northern part and western part and a bit of central Africa, I believe, there is some practice of that. What is the law when you are passing these pieces of legislation? Is it also something that can probably be outlawed, or maybe it is so steeped in culture and tradition of some communities that it cannot be attended to? Yesterday, during the discussions, I heard from one of the colleagues here that even in Australia some small communities, some Muslim communities, practice FGM. Fortunately, on that continent it is not as widespread because in some parts of Africa it is not practiced. But I would like to know what the position is with regard to the law on that. Thank you.

DR. JAGANNATH MANDHA, MP, INDIA:

As Nigeria pointed out, we have multiple problems as he said earlier. India is a multiracial, multireligious, multicultural country. We have to go very carefully when the question of controlling population comes up. We have to keep in mind the sentiments of the various religions and various races.

We have a two-prong approach to get these results. One is women's education. The second one is the empowerment of women. So regarding female education, we have taken many measures through some implemented laws, such as free education up to the graduation level, and then incentives to the parents when a girl child is educated. And we have a special program in the rural areas where every child who is born there has to get registered and sent to the school. We spent a lot of money on that one. Then another program is DPEP, District Primary Education Program. This comes under the Ministry of Human Resources. And they start providing additional infrastructure and incentives to the primary education level through the DPEP.

Then coming to the empowerment of women, as I said early, that will be because of cultural problems. Even if she does not like to bear a child, she will be forced to bear the child to satisfy some grandparents also. So for this we have enacted an Act in 1951 and also the "Child Marriage Restraint Act" in 1978. The legal age for girls to marry was changed to 18 years. Previously as soon as the girl reached puberty the parents would marry her off and by the time she reached 18 or 20, they have three or four children, which affects both the child and the mother herself.

Then coming to the empowering of women, we have enacted many laws. Recently, we helped pass a bill in parliament for the protection of women from violence. That gives enormous power to women. Any violence committed against the wife, the wife can directly make the police aware and they will undertake protection. Then we have a national women's rights protection commission. We are planning to pass a bill to reserve 33% of seats whether it is an educational institution or employment for women. Already in employment and educational institutions, we are following this and again the political system also, though a considerable number of women are given tickets without any reservation. Because a number of women parliamentarians are there in the parliament, both in the upper house as well as the lower house, now there is a draft under the process of getting consensus among the political parties to enforce 33% of seats in both the assemblies as well as the parliament.

So now we are at contacting the religious leaders as we need their help in combating HIV/AIDS

and other things. As I said, the religious matter affects family planning. So in some religions, they do not accept it because of their religious beliefs; they do not really agree with this. And we are approaching this through the religious leaders of concerned religions to encourage the people of that religion so practice family planning so that the population can come down.

MS. EMMA BOONA, MP, UGANDA:

To a certain extent, it is true women seem to be their own enemies. That is what I was saying, indirectly, that the mother tells her daughter to accept violence because her husband, who is the father of the daughter, did it to her, and her grandmother received it and her great grandmother... So it is like this. And I am saying if there is empowerment of women, that is when I will tell my daughter, "No, that is not how things should be. Do not stay there. You do not have to die because you are married. There are other options outside. Outside the marriage, you can still be a woman and remain alive". So to a certain extent, it is true we are our own enemies.

For example, the female genital mutilation we are talking about. The supporters of it are women. They will always ensure it is handed from one generation to another. Women protect cultures in all our societies. So some of these cultures, the women have to be made to understand they can stop. And it is our job, as legislators, to make the women know that if a culture is harmful, the sooner we get rid of it, the better. There should be an effort from our homes to prepare our sons to ensure there is no domestic violence.

Now she asked about gender-selective activity in Africa. I have not read information about this, but I think in Africa this has not caught on. In other words, we do not prepare ourselves for which sex we shall have, whether we should throw out a girl or throw out a boy. I think in Africa it has not started. But I think in the East, as one of us will be explaining, we read information about it and the girl child is being suffocated out of existence. And I do not know whom our sons will marry if we do not encourage girls to be born. The women need the men and the men need the women if we are going to develop.

My sister from Nigeria said it is not easy to encourage women to get out of marriage because she feels she is better inside than outside. You are right indeed. But we need to let them know that they can live, even outside a very bad relationship. She asked me if I have been the victim of discrimination. Not in politics. I have not had the problem in politics because I am a woman, and simply because in Uganda we have what we call a slot for women. And that is how I came into politics. But I have seen my fellows and I have seen other women standing with men in politics.

It has not been easy. She had to be three times better than a man to win. If you are both at par, you find it very difficult.

But as a child, I felt I was unlucky to be born a girl. Because that is how I was brought up. It was like, you have everything to lose when we are born a girl, and you have everything to gain when you are born a boy. That is how it is in the African context. Those are some of the stereotypes we have in Africa.

Thank you Madam from UNFPA. It is very important that these are ratified. And again how we present our bills. Luckily I was in Kenya when the network of African Members of Parliament was meeting. But the Kenyan Members of Parliament, the ladies had already removed the issues that were very contentious in order to get it through, at least at that level. So we also need to select what we can leave out for the purposes of having it at stage one, so that we can move on to stage two, finally we can have a bill go through. But I want to thank you very much for your concerns and contributions.

MR. LI HONGGUI, MP, CHINA:

I am going to make a response to my colleague from Nigeria and say something about the Happiness Project. It was launched in 1995. It has a history of 12 years and has made a lot of achievements and attracted widespread attention.

The main tasks of the Happiness Project are to relieve poverty, to raise the educational level of mothers and to help mothers receive medical treatment. And the main approaches are as follows. The first is to help mothers living in poverty to work, to rely on themselves, to get rich. The second approach is to establish schools for women and disseminate scientific and technical knowledge such as animal husbandry and planting among women. The third is to make full use of healthcare and all kinds of resources to launch our health knowledge campaign, to raise women's awareness to care about their physical condition, and to help mothers receive proper medical treatment. The main operational mode is to provide a small amount of loans directly to the applicants. And it turned out this project works very well. It has achieved a lot. That is my introduction of the Happiness Project.

DR. NGUYEN VAN TIEN, MP, VIETNAM (CHAIR):

I think that many men support women's issues. So the women parliamentarians should advocate and encourage, not confront, the men to support female issues. Confrontation will mean a loss. But I think among male parliamentarians here, many of them support women's issues and

support gender equity.

In Vietnam, this month the parliament will pass a law on domestic violence. I was the one who worked on that law. Most countries have considerations in their laws for sexual violence, which includes rape within the marriage.

MR. SHIV KHARE, AFPPD:

I just want to add one thing that Thailand just last month passed the violence against women bill, which was funded originally by the AFPPD. AFPPD funded the women's committee to draft that bill. And then it went to government. Last month the current parliament passed that bill.



Session VI

“Panel Discussion: Focus on Afro-Asian Cooperation”

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“Panel Discussion: Focus on Afro-Asian Cooperation”

Chairperson:

Ms. Khira Lagha Ben Fadhel, MP, FAAPPD President (Tunisia)

MS. KHIRA LAGHA BEN FADHEL, MP, TUNISIA (CHAIR):

Now, the first speaker is Dr. Donya Aziz. She is a parliamentarian in Pakistan, and she is also a parliamentary Vice Minister on population and development. At the same time, Dr. Aziz is in charge of the foreign relations committee. Dr. Aziz, as a researcher of medical studies, studied at UCLA.

Next, Dr. Tewodros Melesse will present his work which is based on civil society's initiative for South-South cooperation. Mr. Melesse has been the regional director of IPPF Africa Regional Office since 2002. He resides in Nairobi right now. IPPF Africa covers the 44 sub-Saharan countries and he is from Ethiopia. He is an economist.

The third speaker is Mr. Harry Jooseery, Executive Director of Partners in Population and Development. He will be sharing with us some successful stories. He has worked for UNFPA, UNDP and IPPF, and also worked at the United Nations Mission at Mauritius. He is a social scientist, but he has studied medical science as well.

The fourth speaker is Mr. Takeshi Osuga, Director of Global Issues Cooperation Division of International Cooperation Bureau of Ministry of Foreign Affairs of Japan. In 1985, he started his career at the Ministry of Foreign Affairs. He has been in the current position since 2006.

“Developing Parliamentarians-Good Governance Cooperation”

Panelist:

Dr. Donya Aziz, MP (Pakistan)

I do need to give a couple of disclaimers before I begin. For one thing, I myself have never been to Africa. I have been very interested to hear the experiences of my African colleagues here, and I hope that the experience that I will share with you as a parliamentarian from Asia will translate into some activities that you might like to pursue in your own countries. Also, I think another important disclaimer is that in the face of armed conflicts and extreme hunger, it is understandable that many good governance policies and good governance initiatives might fail. And it really is the responsibility of the global community as a whole to eradicate these situations that seem to plague our brothers and sisters in Africa, or have been plaguing our brothers and sisters in Africa for so many years. So I think it is really time that the global community call a spade a spade, and check the armed conflicts that take place, and do something to eradicate the extreme hunger that we see in Africa.

So first of all, what is good governance? As I see good governance, it is the utilisation of government funds for a maximum benefit to the people that the government serves. Good governance is also defined by a lack of corruption. By implementation of government policies in a timely fashion, by transparency in government actions and decisions, and I think most importantly, good governance is defined or implemented with a free bidirectional flow of information between the governments and their people. Parliamentarians make the liaison between governments and state machinery and the people and they help their states tailor policies toward meeting the ever-changing needs of their people.

Now, what are the best tools for good governance as I see them? I think monitoring is a very effective tool, but I think many times when we speak of monitoring and evaluation, we actually leave out the biggest cohort of monitors and evaluators, which are the people themselves. The citizens of any country are the best monitors, the best judges of how policies are being implemented and whether or not the policies are actually affecting their lives.

And I think that many times when we speak of the people of a country, we tend to say that education is important, and that when the people of a country are educated, they will be able to monitor the government in a better fashion. But I tend to disagree with this blanket statement. I

think that education is incredibly important, but we must not conclude that because people might be illiterate that they are not intelligent. People are inherently intelligent and people throughout the world have an inherent understanding of what is right and what is wrong, and it is not necessary to sit them in a classroom for them to understand this vital fact. I know that in my country the most illiterate pockets of our population are also incredibly vocal. They are politically astute. I have travelled to very remote areas and talked to people who know who their elected representatives are. They know who their Members of Parliament are and who their local government representatives are. And this in itself is a very important aspect of good governance. When the people know whose doors they can knock on, and that when the doors are there, they know which doors to go to. The limiting factor usually remains how accessible those political representatives are.

So the second important tool of good governance in my view is the media. The media plays, when it is free and unhindered media, a very important tool in ensuring good governance. Because the media provides for the people the information that they need to know what projects are being implemented. Many times the media is very successful in weeding out corruption as free media will not balk at pinpointing certain government officials and/or politicians, although I think that in many cases it is mostly the nameless, faceless government officials who hinder much of the implementation of programmes. So when you have a media that is actually putting these people to task and putting them to public trial in the eyes of the citizens, people who dilly-dally or who are involved in corrupt practices or delaying practices will think twice before doing so.

And then, of course, the third important tool of good governance in my view is parliament oversight. We all know that parliamentarians are elected by the people and therefore represent the needs and the views of the people, but the parliament itself needs to have the tools available to call in, whether their ministers or secretaries or bureaucrats, and inquire as to why certain milestones have not been achieved in programmes, especially when we talk about developmental programmes. And parliament does this through an effective committee system. The legislative oversight committees should not just be looking at legislation, but looking at the actual functioning of a government also. Many parliaments are sometimes relegated just to legislation. I know that in my country the provisional committees only have the power to look at issues that have been brought onto the floor of the house in the form of legislation. We in the centre, in the national assembly, have a lot more leeway in that the chairmen and chairwomen of our committees have the power to call in anybody in the country, any government servant, any person who is acting in an official capacity, whether political or bureaucratic, to question them

as to how things are functioning and why and why not they are functioning the way they should be.

Another way that the parliament can act as a tool of good governance is the question and answer sessions that we have in parliament. In the parliament one hour every day of every sitting is allocated to questions and answers, where Members of Parliament submit written questions and then have the opportunity to ask up to three spontaneous questions regarding that particular subject on the floor of the house. And this way we see the opposition members especially using the question and answer hour as an effective tool to keep the government in check, to make sure that the government is doing what it is saying. From the health point of view, we get many questions from our members including why certain funds have not been allocated for certain districts. And the politicians coming from those districts are the best ones to ask these questions as they know what is happening on the ground in their constituencies.

Another tool which I believe many parliaments do not have, but we have recently implemented is “zero hour”. And zero hour is one hour in which the Prime Minister is present in the house and any member can speak on any issue he or she wishes to and they usually bring up many developmental problems that they are facing in their constituencies, and the Prime Minister, not the Minister, but the Prime Minister is responsible for answering these questions and dealing with the grievances faced by his colleagues in parliament.

So these are issues that I am sure all of us here already know about. There are a couple of things that I would like to tag in terms of good governance when it comes to development work. I think good governance works in a bidirectional fashion. Between governments and donor agencies or donor countries, this especially is something that I have seen or heard of in terms of Africa. You know some astronomical amount of aid has been allocated to Africa, maybe 500 billion or whatever, but we really need to know from those donor agencies and donor countries how much of that money is actually spent in Africa on African people. Many times it is said that this astronomical amount has been allocated for Africa, but the money is coming back to the donor countries in terms of consultancy fees, in terms of overhead costs.

As my country is also a recipient of donor aid and generosity from other governments, sometimes I feel a little miffed about this. It is a little insulting almost when people say that so much aid is being poured into country A, B or C, and then they come and sit across from us on tables and say, “Why has not A been done and why has not B been done?” And my question is always, “Okay, how much money did you really give to us to spend in my country?” If we are

made to hire consultants who come from halfway across the world, who really have no idea how certain things work in different countries. For instance, in my country family planning is an issue that needs to be treated very carefully. You have to know what the right words are to say so that you do not get accosted by the religious right. There are much nuanced issues that you need the know-how to address. And so therefore I think that to address this issue things like South-South cooperation are incredibly important. And I am sure Mr. Jooseery is going to focus his entire presentation on South-South collaboration. But again these are things that maybe a consultant from Bangladesh or a consultant from India might be able to better understand like the nuances of family planning in a country like Pakistan.

So these are the kinds of things that promote not only regional cooperation. It is a more effective utilisation of funds in that you are getting more bang for the buck, I think. And it is really helping us understand that in the developing world, we do have the expertise, the knowledge, and the skills to effectively address these problems ourselves. That is not to say that donor aid and expertise should be done away with altogether, but I think that there are some places where room can be made to allow for more South-South collaboration, even if it is funded by a more developed or a North country.

This will be my final point. Donor agencies like the World Bank, the African Development Bank, and the Asian Development Bank really need to involve parliamentarians in the projects that they are coming up with. Without the expertise from people who are elected at a grassroots level, it is difficult to imagine any project being successful. I can give you an example of skilled birth attendants who were trained in Pakistan a few years ago for midwifery. The skilled birth attendants seemed to be working well in one part of the country but not working in the other part of the country. And when an in-depth analysis was done, years after the money had been spent and the girls had been trained, it was found that because in that part of the country the traditional birth attendant was the mother-in-law, people did not feel comfortable asking these very young, albeit skilled girls. People still did not feel comfortable inviting these very young girls into their homes for birth delivery because they lacked the community credibility that the mother-in-laws traditionally held. So in cases like this, if the parliamentarians had been involved, they would have been able to say, "Okay, in this part or in this district, in this province, instead of bringing very young girls, let's bring a more middle-aged woman who will have a little more credibility in the community, who the community might actually invite at a time of need when they need a skilled birth attendant".

This is after all money that somebody is paying for. It might be a taxpayer across the globe, or it

might be a loan that your own country has to pay off at a later date. But it is money that is being spent, and the money needs to be spent in the most effective way so that the donors can feel good that our money helped, and also the recipient country can feel good that we have actually come up with something that works. And parliamentarians I think are central to that equation.

“Civil Society Experiences & Initiatives”

Panelist:

Mr. Tewodros Melesse, Regional Director of IPPF Africa Regional Office

Importance of Afro-Asia Cooperation

Our two regions face common social and economic challenges, and there is a strong imperative for learning from these challenges and building on each others' successes. Looking at the social and economic indices of many African and Asian countries, we can see a common economic history. The difference lies in the recent past, the fast changing current situation and the projections for the future, particularly in relation to economic growth. We need to strengthen a 'South-to-South' social and economic development renaissance. This development renaissance should be driven by individual countries meeting and sharing their experiences, as opposed to being coordinated by multi-lateral agencies. There are many instances of this kind of cooperation already in place. Initiatives now need to be coordinated, strengthened and to span both economic and social development areas for partnership. Africa also has an exciting opportunity to learn from the successes and challenges of the 'Asian Tigers experiences. Looking beyond economic growth, what have been the successes and challenges in relation to social development, the environment and sustainable development?

The agenda for action for South to South collaboration

- Adopting and implementing a strong and enabling policy framework for South-South cooperation;
- Strengthening the role of international organizations, bi-lateral agencies and others for enabling an environment for South-South cooperation;
- Reinforcing capacity building for better South-South cooperation;
- Strengthening country frameworks for democracy, good governance and accountability;
- Identifying platforms to articulate common issues for human development;
- Ensuring equity, equality and dialogue within South to South collaboration;
- Avoiding the challenges/inequities of North-South collaboration efforts.

The Framework

- Cooperation agreements should have political incentives and mechanisms to ensure effective implementation and monitoring;

- A striking feature of the new wave of agreements such as those being signed by South Africa/India, South Africa/Brazil, and Beijing Summit of the Forum on China-Africa Cooperation (FOCAC) is that they are grounded in social and economic needs;
- There is also recognition that these needs have a similar shape in different countries, and moreover the recognition that one country can learn productively from the experience of another.

Key Areas for South to South Collaboration

1. **Advocating for Favourable Policy Environments for Population, Health and Development** – Asia and Africa carry a significant share of the global disease burden and face similar challenges, particularly for rural populations. There are joint advocacy opportunities in light of the common social and economic indicators.
2. **Advocating for Commodity Security** – only 22% of African women of reproductive age use modern methods of contraception. This figure is 45% for Asia. There are still unmet needs for family planning, and access is limited, particularly in rural areas. Other options to explore include joint ventures to establish/build capacity for contraceptive production enterprises in Africa. There are also opportunities for reaping economies of scale through bulk procurement of commodities and essential supplies.
3. **Promoting and Sharing Successful Experiences in Development Programme Implementation and Management, particularly in HIV/AIDS Integration** – This includes the sharing of experience, research and programme management approaches. There are significant opportunities for learning and exchange in-service delivery models at both static, mobile and outreach levels. Africa and Asia can exchange knowledge and skills in relation to community based approaches for provision of SRH services, provision of HIV/AIDS prevention, care and treatment services and MCH service delivery models.
4. **Promoting and marketing South to South Technical Experts and Capacity Building Ventures** – The establishment of a strong cadre of technical assistance/training teams that provide technical assistance to Southern NGOs, governments, and other organizations based on technical skills, lessons learned and experiences from working in developing countries. This will also entail a strong focus on building the capacity of in-country implementers.
5. **Institutional Partnerships** – “Twinning approaches” can be used to share knowledge and build capacity within Asian and African media organizations, civil society groups, research institutions and training institutions.

“South-to-South Cooperation: What it has achieved”

Panelist:

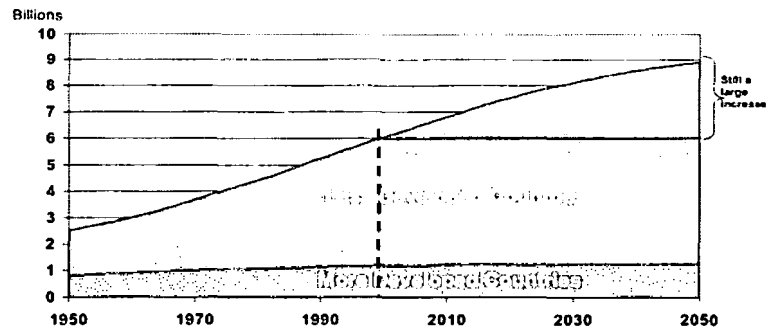
Mr. Harry S. Jooseery, Executive Director of PPD

I will speak on the population growth factor concerning developing countries, then the basis of South-South cooperation, the impact of achievement of South-South cooperation, and then I will conclude. As you are aware there is an intrinsic linkage between population growth and development. No development project can be meaningfully fulfilled without addressing population dynamics. In addition, as the tentacles of globalisation spread over, new development imperatives emerge, and governments need to adopt more proactive and forward looking approaches that will enable them to remain in the race. Even the North, for example, have adopted successful population programmes, and if giants like China and India are seriously taking measure to address population issues, this is because they have realized that in order to achieve equal affluence, that will bring welfare and wellbeing, they need to contain population growth.

Indeed, as pointed out by the British parliamentarians this year—you must have read the paper presented by the British parliament on what they call the resurgence of the population growth factor—this is something which needs urgent attention. It is true that the population growth rate of the world is falling. And from 1980 to 1990, population growth rate decreased from 2% to 1.5% and last year to 1.3%. Contraceptive prevalence has increased to 60% globally. However, we should be very cautious. The population growth rate in the developing world, as you can see on this diagram (Figure 1), is continuously increasing. And what you see also is that the population growth rate in the more developed countries is almost stagnant. The population growth rate in the world is falling. So judging by this and saying that we have won the population struggle is wrong. The population growth rate in the world is falling, but the whole problem still remains in developing countries. And analysis of 75 countries with a population of more than 5 million, classified by the World Bank as low or middle income countries have shown that 47% of these countries have populations which are growing at 2% per year, a rate sufficient enough to jeopardize the achievement of the Millennium Development Goals.

Figure 1

Growth in more, less developed countries



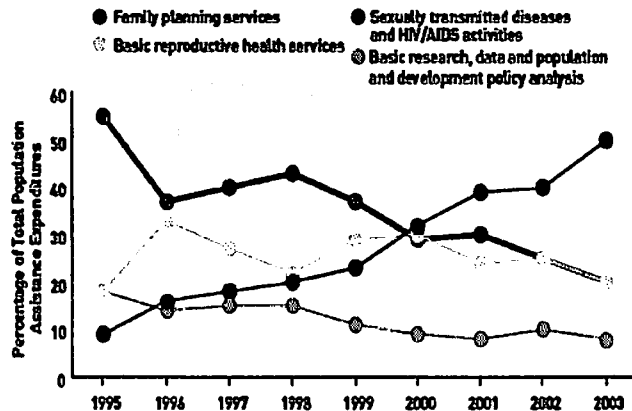
Source: United Nations, *World Population Prospects: The 2002 Revision (medium scenario)*, 2003.

And further, assistance for family planning is drastically falling. This graph (Figure 2) shows you that family planning assistance continues to fall year by year. And as for donor assistance, as you know the donor countries, rich countries have continuously promised 0.7% of GNP in ODA. This has not been honoured. Unfortunately, we are still lagging behind in terms of ODA from the rich countries. What do we need to do? It is important that we reposition family planning. When we say there is a need to reposition family planning, we need to reposition family planning in the whole context of reproductive health and HIV/AIDS. An integrated approach to address both HIV/AIDS and reproductive health is needed. The New York Call to Commitment declared development goals will not be achieved without ensuring universal access to sexual and reproductive health services and programmes and without an effective global response to HIV/AIDS. The rising population growth rate in developing countries and its devastating impact on the environmental sustainability imposes us to act now and to immediately take concrete measures. And our policy makers need to be convinced that there is a need to invest more in reproductive health and family planning. It is imperative, now.

We contend therefore, that reproductive health and HIV/AIDS need to be addressed synergistically, without underscoring one at the expense of the other. And we contend also that developing countries need special engagement and attention, firstly by the rich North and secondly by the South themselves. And globalisation and liberalisations have opened up more opportunities for South-South cooperation. And the imperatives of globalisation impose that all those who fail to keep up with the new world order are bound to collapse. No developing country on its own has the capacity to change the direction of world economy, unless there is

Figure 2

TRENDS IN POPULATION ASSISTANCE BY CATEGORY, 1996-2003



Source: UNFPA. 2003. Financial Resource Flows for Population Activities in 2001. New York: UNFPA and UNFPA/NIDI Resource Flows project database; as cited in United Nations. 2004. Report of the Secretary-General to the 37th Session of the Commission on Population and Development (E/CN.9/2004/4). New York: United Nations.

Note: Data for 2002 are provisional; data for 2003 are estimates.

deliberate and meaningful clustering of power and influence. And it is a South-South initiative which will aim at recognising the common activities among countries, synergizing efforts, and creating the influence and strengths that will ensure sustainable development. This very element of South-South cooperation is based on the premise that we have among us a wealth of knowledge, experience, and expertise, which need to be effectively shared among ourselves.

In the area of family planning, there are countries like South Africa, Ghana, Tunisia, Bangladesh, and Indonesia which have a wealth of knowledge and expertise. And in the area of HIV/AIDS countries like Uganda, Thailand, and Brazil have had impressive achievement which needs to be shared with all of us. India and China are now emerging as economic powerhouses and they are marking their presence in all corners of the world and are ushering the emergence of a new South-South ODA. Partnership and coalition building is the cornerstone for the achievement of ICPD and Millennium Development Goals. This is what ICPD states very clearly, that we need to support the inclusion of South-South cooperation in a development cooperation programme. The eight Millennium Development Goals also relate to partnership building. The Maputo plan of action in Africa especially highlights South-South cooperation as a key strategy to meet universal access to sexual and reproductive health in Africa. PPD, Partners in Population and Development is the only intergovernmental organisation that exists which is mandated to address health, population, and development through the South-South cooperation initiative. It was incepted in 1994 and covers 54% of the world's population. That constitutes 21 member states of the South.

The South-South initiative has shown its impressive impact in the following areas. First, the exchange of expertise and technology, capacity building, research and documentation on good practices, resource mobilisation, leadership building, advocacy, reproductive health, commodity security, partnership and coalition building. In the area of leadership programme, our achievement is that we have trained more than 1000 programme managers in 75 countries of the developing world with technical assistance from 17 institutions in 14 countries. In terms of visionary leaders, I am happy that my colleague from Packard is among us, and this is a project that has been funded by Packard where we have formed in each of these countries 200 visionary leaders. We have also done lots in terms of capacity building and improving technical expertise of experts from 27 developing countries, established a consultant database so that everybody in the Africa region can use the expertise and tap from our consultant database for added input. 351 fellowships have been awarded in 15 developing countries.

We do high level advocacy and policy dialogue on these areas. The integration of HIV/AIDS with reproductive health, commodities supply and security. This is an area which is very important and we are promoting this. There are countries like India, Brazil, China, Indonesia, and South Africa that are important producers and manufacturers of generic drugs and we are making a point that the generic drugs are more accessible to people in low income groups in Africa and Asia. There is the integration of ICPD with Millennium Development Goals in the area. They have increased commitment to reproductive health. Then the linkages of reproductive health to population and development is also addressed. Policy dialogue on contentious reproductive health issues such as abortion, adolescent sexuality, and female genital mutilation is another aspect that is gaining high level advocacy and policy dialogue.

In conclusion, the growing increase of our population and its impact on the global environment. The plight of 34% of women in developing countries, mostly in sub-Saharan Africa, that do not have access to family planning; 40 million people with HIV/AIDS, of which 64% live in sub-Saharan Africa; the risk of 33% of Africans being food-insecure in 2010, in three years; and 34% of the world population living below the poverty line. Under these conditions, there is no scope for complacency. The cost of apathy could be staggering. We have got the know-how, we have got the expertise, and we have even got the technology in the South. And if these are effectively shared among us, the sufferings of billions of our brothers and sisters in the third world will be alleviated. In addition, we cannot bequeath to our children what we ourselves have enjoyed and are still enjoying. Let us synergize our thoughts. Let us raise our voice together to ensure that adequate resources are allocated to reproductive health; influence macro-demographic change to reduce poverty; and move forward with the ardent wish to make

the 21st century the great century of transition that will put our children on safer and happier grounds.

“Asian Contributions for African Development”

Panelist:

**Mr. Takeshi Osuga, Director of Global Issues Cooperation Division,
International Cooperation Bureau, Ministry of Foreign Affairs of Japan**

There are three points that I would like to share with you today. The first, of course, is South-South cooperation; cooperation between Asia and Africa and the attitude of the Japanese government. The second point is about TICAD IV, which the Japanese government plans to organise next year. The third topic is regarding what sort of support the Japanese government has been doing through ODA to support South-South cooperation.

Now, let me talk about South-South cooperation. The Japanese official development assistance is decided by the ministers meeting. And we have the ODA charter that has been adopted by the ministerial conference. And in that it states that Japan will collaborate with more developing countries in Asia to actively promote South-South cooperation. So that is part of the ODA charter that has been adopted by the ministerial conference. With regard to South-South cooperation, Japan has been involved for sometime through official development assistance. We have been advocating it. It is not a new thing for us. It is my own individual opinion, not an official government statement, but the background is that in the 1950s and 1960s, after World War II, we started providing assistance to East Asia and Southeast Asia. And through that assistance, many Asian companies have been very successful in economic growth. And they have good practices, and those good practices could be shared with countries that still need to grow. And so that is one motive behind our wanting to support South-South cooperation.

The second- and this is my personal wish, for a long time- Japan has been the only donor country in Asia. We have an OECD group, but Japan was the first from Asia to join that group. And not many Asian countries are following Japan to belong to OECD. Among OECD, there are the G7 countries and Japan again was the first from Asia to join the G7. Russia did join after Japan but Japan is still the only Asian country that is part of the G8 Summit. So given that, it is very difficult to try and give assistance with Asian cultural values. Japanese vision, Japanese cultural thought, is a minority in the donor community, so it is not always accepted. That is another reason why Japan wants to promote and advocate South-South cooperation.

For the good results of Japanese assistance to Southeast Asia and East Asia to be transferred to

other regions, that is another motive for Japan supporting South-South cooperation. As our ODA charter states, to work together with more developing countries of Asia to actively promote South-South cooperation. Of course, that cannot be the only model. I am in charge of UN Volunteers. The secretary general of the UNV has said to me that the Africans have good practical experience that can be transferred to Asia. There are many Peacekeeping Operation (PKO) missions participated by the Africans. So Africans have many experiences, and are professionals in peacekeeping activities. And that expertise, that good practice can be transferred to Asia. So it is not Asia to Africa, one way. Africa to Asia, also. I have to agree, at the present time, Southeast Asia is going forward. It is just one way South-South cooperation can transfer that success story from East Asia to Africa. Africa has much to give Asia also.

In the field of population and medical care, again, what can be done about the potential of Asia-Africa cooperation? I am sure many of you already have thought about it and perhaps already discussed this. Last month the United Nations came up with the report on MDGs achievement, and, in MDG 4, for Southeast Asia and North Africa, compared to the decade of the 1990s, there has been substantial progress, but sub-Sahara Africa still lags. As for MDG 5, East Asia has seen a great deal of improvement but not much in South Asia, nor in sub-Sahara Africa. In MDG 6, where HIV/AIDS is concerned, sub-Sahara Africa is in a dire state, but, relatively speaking, in South Asia and in East Asia, there is substantial rapid pace with more people afflicted with HIV/AIDS. This is quoted from the United Nations report. So the global issues are not just in Africa, or not just in Asia. They are common global issues, and in those areas we can work together, and we need to work together. Let me also add another thing.

In conferences like this related to population, you might just focus on MDG 4, 5, and 6. But MDG 7, environmental sustainability should not be forgotten. One of the targets in MDG 7 is the supply of safe drinking water. That has a tremendous impact on population issues, of course. And the other is to improve the livelihood of slum dwellers. That is part of the target of MDG 7, and that relates very much to population issues, too. And at the same time, the global issue that is most focused on is climate change and global warming. These issues have much to do with the migration of people, water issues, and infectious diseases. So they relate to population issues and health issues, and they are not to be taken separately. They are part of the population issue.

TICAD IV, which is to take place in Japan next year, was initiated by Japan in 1993 because the world's so-called donor community had focused on Eastern Europe after the Berlin Wall had collapsed. And when everybody was talking about Eastern Europe, Japan felt that the world's eyes should be focused on Africa, too. So this was the international conference that the Japanese

took the initiative to establish in 1993. So it is not a Japan-Africa conference at all. It is open to international organisations and other donor countries. It is open to and very welcoming to all participants. And we have sent invitations to 14 Asian countries. Of international organisations, we have given invitations to 17 African regional organisations, but in total 57 international organisations have received invitations to TICAD IV. UNFPA, as it has always been part of the international organisations, will be invited, of course. And Gill Greer, secretary general from IPPF, is also invited to be part of TICAD IV. IPPF will join for the first time next year. The basic message of TICAD IV is that we want to build a vibrant Africa. The slogan in English is "Towards a Vibrant Africa". And that should be the basic message.

There are three priority areas. One has to do with the acceleration of economic growth. And the second is human security. And third, environment and climate change approach. So these will be the items on the agenda. On human security, we will be discussing peace building, conflict resolution, and also achievement of the MDGs. Within that scope, the issues that you have been discussing for these two days will be taken up in a very big way. Having said that, the results of what has been discussed in TICAD IV will be put to the G8 Summit, which will take place in July. So that is what the Japanese government has in mind as for the schedule and policy agenda for next year.

It seems to me that I am taking too much time. So I will not talk about the success stories of the Japan South-South collaboration support. But we have worked with Tunisia, Egypt, Thailand, and Indonesia not in the sense of Japan giving assistance to those countries, but these countries supporting other African and Asian countries. So Japan is supporting these countries' support to African and Asian countries.

And last, let me just share with you some of my personal opinions. Personally speaking, I do not like the concept of South-South cooperation. Why? Because South-South cooperation is set in opposition with North-South cooperation. So it is a subordinate concept coming after North-South cooperation. There seems to be a sort of hierarchy there. And whether the issue is HIV/AIDS or climate change, it is global in scope. So it is not just about North-South or South-South. You cannot draw a line of North-South or South-South for these increasing global issues. The impact of climate change is going to affect everybody, the North and the South, developed and developing, alike. Among the developing countries, maybe they are much more vulnerable to climate change than the countries in the North. But it is the CO₂ and global warming that is causing climate change. The biggest polluter of CO₂ is the United States. The second is China and India comes up number four or five in terms of emitting CO₂, the global

warming gas. So you cannot talk about North-South or South-South. We have got to go beyond that to address those questions. And I think that applies to HIV/AIDS, too. Developing countries are not the only victims of HIV/AIDS. People in so-called developed countries and the old, ex-North, Eastern European countries also are suffering from the HIV/AIDS problem. So when we have to address the global issues, the North-South or South-South, those kinds of ideological concepts are not needed. What is needed is to focus on the people who would be most affected, the people vulnerable to these problems, so that we deliver support to the people on the grassroots level. And I think that is more important. We should bring together all our wisdom, not just the North, so-called donor countries or not just the South countries. It has got to be everybody, every country. Not just the governments, the parliamentarians, civil society. We must all think together and work together.

In other words, in order to work together to resolve these issues, what we need to establish is human security focusing on the people so that we provide the necessary assistance to the people, not just protect them. It is to help them stand on their own so that they will be capable of fighting those threats. We must empower them. We must build their capacities. And that is not the only role of the government. Civil society must take part in it. The Members of Parliament like yourselves and members of the international organisation; we should all be partners in addressing these global issues. And I think that is the principle of human security.



<DISCUSSION>

MS. KHIRA LAGHA BEN FADHEL, MP, TUNISIA (CHAIR):

Thank you very much for the excellent presentations. Now the floor is open.

MR. SULTAN A. AZIZ, UNFPA:

In the spirit of openness that Mr. Osuga has just employed during this meeting, I want to also add my voice to a concern that he has expressed, and that is that he is uncomfortable with the concept of South-South. I wholeheartedly agree with him. But I think there is another element to the entire broader dimension of the game called international overseas development assistance.

Let me just give an example. I come from Afghanistan. And in Afghanistan, billions of dollars are being spent at the moment by the international community. The United States government has approved over US\$11.5 billion for the next year to be spent in Afghanistan. American consultants are usually hired at about US\$1,200 a day, so you do the math. It is estimated that roughly about 60 to 75% of ODA that goes to Afghanistan actually finds its way back to the very governments that have provided the ODA. I think this is a very important factor as we talk about population and deal with issues of poverty. I think it is important that we be really up front and honest about this. I particularly congratulate the engagement that China has had, for example, in Africa because I think one of the issues in many discussions we have had in such forums is that governments that actually provide unconditional aid and actually can provide assistance that is, in terms of the technology, appropriate and adaptive, I think that is most helpful.

So in a way you are right, Mr. Osuga, the concept of South-South has come about essentially because the technological adaptation is something that we have all missed. And you are absolutely right, in this broader partnership of the world, I think we have a responsibility to ensure, whether we work for the United Nations, or for bilateral or multilateral aid, to essentially make every dollar count. But sometimes I think that unfortunately the international overseas development game takes on a life that is far too political and I think perhaps not as conducive to the challenges that most of us face.

DR. JOERG MAAS, DSW:

I also have a question to Mr. Osuga. You said rightly that it is important not only to focus on the three health MDGs, MDG 4, 5, and 6, but also to look at the other MDGs, that will have, one way or the other, either an impact or an effect on the health MDGs. I think you are absolutely

right and what we have seen, what UNFPA, IPPF, and others have done in the past was to come up with indicators and specifications for each of the eight MDGs and to say that if you want to focus on the underlying issues and make sure that all MDGs are being achieved, then population and development, sexual and reproductive health, including HIV/AIDS, need to be taken seriously into consideration for all of the MDGs, and you are absolutely right in saying that.

At the same time, and we have now in Germany survived the German G8 and this is something which lives ahead of you here in Japan, we read that one of the major focuses of the Japanese-led G8 process will be on the environment, of carbon emission and other environmental issues. And I must say that, about a year ago, we had the same feeling when the German government proposed the agenda to the other G8 members. So my question to you is, representing the Ministry of Foreign Affairs, which is definitely a leading ministry of the Japanese government for the G8 process, how can you, and how will you make sure that the Japanese agenda is not only being led by the environmental aspect, but also by health aspects, since we all know that the environmental changes can only be achieved if we at the same time look at health improvements.

MS. ABIKE DABIRI, MP, NIGERIA:

For South-South cooperation as Mr. Osuga was talking about, I think the most important thing is to have sincerity of purpose in whatever cooperation that is emerging between the developing countries and Asia. There must be sincerity of purpose and like somebody said, unconditional aid. A lot of aid coming from the West is conditional, and as we've all heard, the benefit goes right back to them.

The issue of media, the imbalance in information flow from the developed world to the developing is terribly bad. It is so bad that everything about Africa is negative. Nothing good comes from Africa. Now we are talking of South-South cooperation. In what ways can we partner in this regard? In what ways can we project our continent as it truly is? I know that the representative from IPPF mentioned it, but I wanted to express on that because it is a very vital aspect, as long as we are being projected as the worst in the world, whereas we are the best in every sense, we are still going to have a problem. So I want you to look at those two issues.

MS. EMMA BOONA, MP, UGANDA:

My comments will be for Dr. Aziz from Pakistan. She said she has not been to Africa, and like many people who have not been to Africa, the impression they get is that Africa is permanently hungry and Africa is permanently diseased. Some people are surprised that when they meet

some people from Africa we look big and strong and full of food in our bodies. I would like to tell my sister that the programs you have seen on TV, in which many of them are suffering conditions of war, are not representative of the whole country. It is normally wars, catastrophes, and diseases that are presented on Africa simply because much of it has not been our own making. If you follow the trends of the wars in Africa, many of the wars have a connection between our developed brothers and sisters and developing countries. That is why we come to peace agreements. We discover there is ammunition from countries outside of Africa. I would not like to mention names of which countries, but the mass media always tells us what has been, for example, happening north of Uganda. You have heard of wars happening in our country, but they are very much linked to countries outside Africa. What is happening right now in Sudan, what is happening in Somalia, all these wars, many of them, are not our own making.

DR. CHRIS BARYOMUNSI, MP, UGANDA:

I would just like to make a comment to emphasize one of the issues which was raised. In Africa especially, I think we do not see a lot of progress in the area of population and reproductive health. In terms of the indicators, in terms of the funding that is actually invested in this field. When you look at a country like Uganda, we have achieved a lot of progress in the field of HIV/AIDS. But when it comes to sexual reproductive health, we have one of the highest total fertility rates of 6.7 children with a very high annual population growth rate of 3.6% per annum right now. Although we say we should undertake integration of HIV/AIDS and sexual reproductive areas, on the ground it has not worked in most of the settings. You still find the HIV/AIDS programmes run vertical and parallel to the sexual and reproductive health programmes.

In terms of increasing the amount of resources for sexual reproductive health, are we also planning a global fund for reproductive health because we have major funding sources for HIV/AIDS, like the Global Fund for HIV/AIDS, TB, and malaria, and PEPFAR, the President's Emergency Plan for AIDS Relief, but we do not have a major fund for sexual reproductive health. And yet, integration at country level is becoming increasingly difficult. So how do we really move forward to improve and increase the amount of resources, especially financial resources available for sexual reproductive health, to be able to improve the indicators which are very poor, actually worsening in most of our communities in Africa?

And then the other comment I wanted to make which I think was raised by the Member of Parliament from Pakistan, is the importance of working with the Members of Parliament at the country level to be able to push this agenda. I think looking back in our countries, there are

agencies like IPPF, PPD and UNFPA, who actively work with Members of Parliament, and engage them, and actually build their capacity to be able to advocate. But again you also find development partners who actually discourage and tell the ministries not to involve Members of Parliament and elected leaders. I think like the doctor from Pakistan said, it is important and it pays if the Members of Parliament, if the politicians get involved in these programmes and become change agents, and become advocates so that these programmes can literally reach the communities. But I think the problem for some partners, whereas others like PPD, IPPF and UNFPA, I think you work very well with the parliaments in our countries, but some other donors, they find it difficult to bring Members of Parliament onboard. So it is an issue which should be looked into.

MS. KHIRA LAGHA BEN FADHEL, MP, TUNISIA (CHAIR):

Thank you. Now at this point, maybe the panelists will be given the opportunity to answer these questions.

DR. DONYA AZIZ, MP, PAKISTAN:

I would like to try to answer the query raised by Emma. My disclaimer was that I have many African friends. I do not think that every African is like what I see on TV. Basically, the disclaimer was in that I have not been to Africa, so I do not know the nuances that play out when it comes to good governance. These are highly cultural issues; therefore, I did not feel that I could really comment because I have not been there, so I do not have first hand information. I agree with you that what we see in the rest of the world in terms of the media that is coming out from Africa is incredibly negative. It is something that we all have to work on. But then even from our part of the world, from Pakistan, from Afghanistan, I get asked questions on how I know how to speak English, or why I am not wearing a burka. And unfortunately, the media seems to project just about the worst thing that is in all of our countries. And it is up to us to change that. Maybe an organisation, I do not know if AFPPD could do it, but some international journalist organisations need to get some South-South collaboration in journalism also.

MR. TEWODROS MELESSE, IPPF:

I will start with the easiest question. When I said we have not only the worst but also the best, it is a question of balancing experiences and what the realities are. And you can also learn from the mistakes, not only just from what has been achieved. So there should be a balanced approach of not just projecting the past, either in terms of victimisation. Sometimes we just tend to lament and look at the past, colonial and so on, and then say, okay, that is a drought, that is a war, that is a conflict and so on. Only what is not working. In some of the countries freedom is curtailed. In

some of the countries the government's own media is just a propaganda tool. And in some of the countries, our governments rather encourage the local civil societies by giving them different incentives. But they sometimes allow only the foreign organisations to operate and give them all the benefits.

When we are talking about employment consultants, money, and so on, let's face it. We are talking about exodus of trained manpower. There are many experts who are taken by international, bilateral, donor agencies, international NGOs, international UN agencies. They are the same nationality and are being paid. But we are not talking about institution capacity building. Our health facilities are empty. You go to some of the UN agencies; you have your doctors who are writing projects, not treating patients. That state of things, we have to say enough is enough.

We take the issue of the linkages, the integration. The integration issue, nobody is saying stop giving us money for AIDS. But the issue is now we have so many doctors, for example, in Ethiopia who are working on HIV/AIDS projects, who are employed by USAID, by their cooperating agencies, by UNAIDS, by whatever you name it. But the health facilities are not there. When you go to government offices, our own government officials, some of them are loyal to this agency, to that agency, to this one agency, and so on. And you ask ourselves to whom they are concerned about, about our government or about some other foreign agency? So I think you parliamentarians, you have the major responsibility, but also as a civil society we have to speak for our continent and the South-South cooperation should not be negative against anybody but affirmation of a certain level of identity.

MR. HARRY S. JOOSEERY, PPD:

Firstly, when we talk about South-South cooperation, we should understand the concept of South-South cooperation. The South-South initiative is not an initiative that excludes the North. We acknowledge that we have expertise in the South. We acknowledge that we can share experiences in the South. But we do not deny that there are lots of experience and expertise in the North. We do not deny that we also need the North, and in fact most of our resources, our funds for the promotion of South-South cooperation come from the North. So this is number one.

Number two, I would like to react to what my friend from Uganda suggested. It is true that certain funding agencies react in a way that might be looked upon as being not very nationally accepted. But then you should also understand. I will give you a concrete example of what

happened in Uganda itself when we were setting up a new office in Uganda. Donor agencies that were funding the projects were very sceptical about putting money in Uganda because of what happened in the past. So what is important is that we should also understand ourselves, and try to see how we improve our governance and that money for which is being invested or money or funding for which activity has been given is used for that particular purpose.

And I agree with Chris when he said that there needs to be more investment on reproductive health. This is an area where investment has not really been very constant and sustainable. And this is what we are doing, and I said it in my presentation. There is a need to reposition reproductive health within the context of clear developmental priorities and perspectives.

MR. TAKASHI OSUGA, MOFA:

The UNFPA Asian Regional Director Sultan Aziz mentioned that 60 to 70% of the ODA is recycled back to the donor nation and other attendants from Africa also mentioned that it comes with strings attached. In order to control this, I believe the human security concept has to be maintained to protect the most vulnerable people and empower them, so each should be used for that kind of purpose. I believe this human security concept is very effective for that kind of situation.

The second point is that our fellow participants from Africa mentioned establishing so-called vertical funding, such as the Global Fund, for reproductive health issues. However, we think that establishing vertical funding is not sufficient to achieve the MDG health-related goals. That is what our position is as the Japanese government. So cross-cutting capacity building strategies such as extension of the coverage for primary healthcare and training for health system workers regardless of diseases are necessary. However, in order to achieve that, do we need a new fund, or so-called horizontal fund? That requires another agenda for further discussion.

And the third issue was presented by the German DSW. Dr. Maas mentioned climate changes, healthcare issues, and CO₂ emission mitigation. The carbon market should be developed. The front-runner of the carbon market is Europe. They are most advanced in that arena. And Japan is laid back, going slow with the mitigation. We are looking at adaptation for the negative effects of climate change. So the Japanese government is trying to advocate in many kinds of international forums. Even if the CO₂ emission goes down to zero, global warming will not stop for many decades. So how are we to adapt ourselves to global warming is the high-priority issue that Japan is trying to look at. And of course that comprises of the infectious disease issue.

MS. KHIRA LAGHA BEN FADHEL, MP, TUNISIA (CHAIR):

Thank you very much for your presentations and comments. Some were positive and others were negative, but discussions were very fruitful. Thank you very much.

Discussion on Draft Statement of Commitment Toward TICAD IV and 2008 G8 Summit

Chairperson:

Dr. Peter David Machungwa, MP (Zambia)

DR. PETER DAVID MACHUNGWA, MP, ZAMBIA (CHAIR):

We start with the preamble: “The Tokyo Statement of Parliamentarians on Population, Health and Community Capacity Development” Preamble: We, the Parliamentarians from countries of Africa and Asia met in Tokyo on August 28 and 29, 2007 at the “Afro-Asian Parliamentarians’ Dialogue on Population, Health and Community Capacity Building for Sustainable Development toward the Tokyo International Conference for African Development, TICAD IV, and G8 Summit in 2008”. We affirm previous ICPD-related declarations including the declaration adopted at the International Parliamentarians’ Conference of ICPD Implementation held in Bangkok in November 2006”.

MR. SULTAN A. AZIZ, UNFPA:

A lot of people would not know what those declarations were. Secondly, I think that particular paragraph, or that point would become much stronger if something to the effect of “we affirm the centrality of ICPD as the backbone of...” what it is that you are proposing for TICAD, because I think ICPD and its fundamental principles are really the core of what we would like to promote in TICAD. These declarations are much more specific to a particular time, a reaffirmation. But the concept is the centrality of ICPD itself.

DR. PETER DAVID MACHUNGWA, MP, ZAMBIA (CHAIR):

Are there any reactions to that?

DR. JOERG MAAS, DSW:

The Berlin appeal was signed by all G8 parliamentarians and Parliamentarians from Africa and Asia. And I would also make explicit reference to the Berlin appeal to make that point even stronger.

DR. PETER DAVID MACHUNGWA, MP, ZAMBIA (CHAIR):

We need to have wording for your suggested amendment.

DR. JOERG MAAS, DSW:

Why don't you go ahead and I will try to draft something and I will give it back to you?

DR. PETER DAVID MACHUNGWA, MP, ZAMBIA (CHAIR):

Okay. And we have to make reference to the G8. Okay, we will go on to the next bullet point then. "We support the initiative of the TICAD by the government of Japan and African governments for the development of Africa and well-being of African people. We urge that the global health-related goals, MDGs 4, 5, and 6 be on the agenda for TICAD IV and G8 Summit to be held in 2008 in Japan".

MS. ABIKE DABIRI, MP, NIGERIA:

I wonder why we are limiting to just the global health-related goals, MDGs 4, 5, and 6? Because coming from Africa, this is about us. MDG 1, poverty, is the most critical. And if you take away poverty, if you take care of poverty, you can handle all these things. So I do not think we should limit it to MDGs 4, 5, and 6. How about saying, "We urge that attainment of millennium development goals, especially 1, 4, 5, and 6 be on the agenda?"

DR. PETER DAVID MACHUNGWA, MP, ZAMBIA (CHAIR):

Are there any objections to that? So it is adopted. We shall include one, and restate it that we urge that global health-related goals, especially 1, 4, 5, and 6 be on the agenda.

DR. NGUYEN VAN TIEN, MP, VIETNAM:

I would like to add one paragraph. If you present the statement here to G8 meeting, some countries like Japan know it very well. But the other countries do not know about the AFPPD, the Africa Forum, and the parliament movement on population and development. So we should put some two or three lines to talk about our activities of parliament on population and development from 1981 to now, very briefly.

MR. SHIV KHARE, AFPPD:

We can do it in the preamble. We can give information about the AFPPD and VAPPD and other kinds of things.

DR. OSAMU KUSUMOTO, APDA:

One of the parliamentarians, Mr. Osuga, mentioned that the next G8 Summit will be focused on climate change. Therefore we need to involve the interests of climate change and environmental

degradation into the population issue. According to this point of view, we would like to put in environmental MDG 7, which is also important.

MR. EL HADJI MALICK DIOP, MP, SENEGAL:

Number 8 is the beginning, it is the entry point, is not it? I think we should include MDG 8 because it is an item about partnership, so partnership should be the introduction to number one. So I think 8 should also be included. Where TICAD is concerned, the objective is to promote African development, and for that purpose, partnership is essential. Partnership for development, that MDG 8, should be included here. How effectively the assistance will be given, so those are very important items to be included here and we should not forget them. The fake products that come into our countries and the countries of the South suffer from that. That has all to do with MDG 8.

MS. ABIKE DABIRI, MP, NIGERIA:

We might just leave it as MDGs. You have taken 6 out of 8, so you might just say attainment of millennium development goals. So we just say millennium development goals, or we limit them to three or four for emphasis' sake.

DR. NGUYEN VAN TIEN, MP, VIETNAM:

I think the objective of the TICAD meeting is partnership and international cooperation. But we need to emphasize the MDGs. So we have just put in MDG 1, 4, 5, and something. The others are, I do not think, needed. They are already inside.

DR. PETER DAVID MACHUNGWA, MP, ZAMBIA (CHAIR):

Let's make some progress. I think we will say all MDGs, and then focus on these that are most relevant. And these are 4, 5, 6, and 1. Well, one, poverty is related to population growth. So we say all the goals, particularly 1, 4, 5, and 6.

MR. ALI ISSA ABBAS, MP, CHAD:

Talking about the specific language, MDGs 1, 4, 5, 6, why are they special? Somebody said MDG 8 is important. I agree with that. Education is also important, especially basic education is very important. So if you are to refer to the MDGs, rather than specifying certain MDGs, it would be better. Of course health is important, but if you specify health, then it might give the impression that other areas are not so important. Of course the resolution of the conference on ICPD is important. One suggestion is that based on the Tokyo conference we request TICAD to take up all the issues regarding MDGs. Maybe you can make that kind of proposal.

DR. OSAMU KUSUMOTO, APDA:

We are now talking mainly about the population issues, and the main agenda of the TICAD IV and G8 Summit will be missing the health-related issues. Therefore, we need to emphasize about specific goals, especially 4, 5, and 6.

DR. PETER DAVID MACHUNGWA, MP, ZAMBIA (CHAIR):

I believe it is clear. Our *raison d'être*, our main focus is population and development, maternal health and all these other related issues that are related to our main goal of the organisation. So if we quote all the goals, it becomes like we are not really focusing on what we are supposed to do. So it would become too general. So I think this is what we are saying, all the goals are important, but we want to zero in, focus on the goals that this organisation deals with. Okay, so let's go on to the next paragraph there.

UNKNOWN:

Africa has developed the Maputo Plan of Action which has been adopted by the governments. That is a continental policy which has to be central to the health-related African development agenda. And it has African ownership of the programme. The suggestion is that particularly for TICAD, that not only the MDGs be on the agenda but also that the African health strategy of the Maputo Plan of Action include MDGs. So if we say the Maputo Plan of Action, adopted by the African Union, is part of the agenda, then it should include not only the MDGs, ICPD goals and so on, but it would also give it a continental flavour because the discussion is going to be about Africa.

DR. PETER DAVID MACHUNGWA, MP, ZAMBIA (CHAIR):

We will have to include it, but we have to figure out where we put it in.

DR. JAGANNATH MANDHA, MP, INDIA:

The global health-related goals for the attainment as it was set, the agenda for TICAD includes the Maputo Plan of Action, which is the health operational plan of the African continent.

DR. PETER DAVID MACHUNGWA, MP, ZAMBIA (CHAIR):

So the language would be the health-related goals, attainment of all MDGs, especially 1, 4, 5, and 6, or you want to mention the Maputo Declaration of Global Health. Where do you want to put that?

DR. JAGANNATH MANDHA, MP, INDIA:

On the agenda for TICAD IV, includes the African Union's plan of action, the Maputo Plan of Action.

MR. SULTAN A. AZIZ, UNFPA:

We have to be careful. We do not want to send a message that is goulash. We want to send the message that is very specific and is going to be very effective. So the question is, what is it that we select? What is it that we leave behind? If you put everything together, then I think you lose the overall message. So we have an opportunity at TICAD IV to say something very important. So if we decide we need to put in something about reproductive health, about the issues that we have been talking about, gender, etc., then I think we should be specific about that.

DR. PETER DAVID MACHUNGWA, MP, ZAMBIA (CHAIR):

Okay well, I am going to take two more contributions, then we will decide.

MS. ABIKE DABIRI, MP, NIGERIA:

I believe that we should leave this the way it is. We have already stated in the second paragraph that we support the initiative of TICAD by the government of Japan and African governments. So if we support the initiative of TICAD, we do not need to now stress what TICAD is about or whatever. So I think like the last speaker said, we have to be specific.

DR. CHRIS BARYOMUNSI, MP, UGANDA:

I want to support my brother who said we bring in the Maputo Plan of Action, because it is an instrument which summarizes what the African governments would like to do and addresses the question of sexual and reproductive health. But my proposal is that we would make it a separate paragraph, after the MDGs. Yes, it has to be a stand-alone phrase.

DR. PETER DAVID MACHUNGWA, MP, ZAMBIA (CHAIR):

I think what we can do is, let's go back to the paragraph, the bullet point above, "We support the initiative of TICAD by the government of Japan and African governments" and there we can bring in the issue of the Maputo plan there, as stated in the Maputo plan. Then we leave it like that. Okay?

DR. CHRIS BARYOMUNSI, MP, UGANDA:

The problem with that, Mr. Chair, is that the Maputo Plan of Action is specific on sexual and reproductive health. So what you just put there, then you diluted the whole sentence, because

then those look at development in general. So it should probably be a separate.

DR. PETER DAVID MACHUNGWA, MP, ZAMBIA (CHAIR):

Okay, I shall leave it as it was. We shall ask you to rephrase it a little bit later. I think I have to close this now; otherwise, we are getting bogged down. Now, let's go on to "We, the Parliamentarians, believe that the stabilisation of population is a crucial prerequisite for poverty reduction, sustainable development, and prevents environmental degradation in Asia and Africa".

MS. FAMA HANE-BA, UNFPA:

Mr. Chair, I know that you want to close this chapter but I do not believe that we can afford to miss the Maputo Plan of Action when we are talking about population health and community capacity development in Africa. Where the Maputo Plan of Action is the one single document developed by the African continent, all the countries together, devising a comprehensive sexual and reproductive health plan of action, with very clear outputs, indicators, targets, costing and monitoring framework. So this is really an integrated framework that they are working on and they are going to implement. So we cannot ignore it.

DR. PETER DAVID MACHUNGWA, MP, ZAMBIA (CHAIR):

No, we are not ignoring it. We are putting it in somewhere. And let's go on. We have reached number two. There were no objections to that. We are coming to number three, which is the second bullet point there. "Community development is the key to African and Asian development. Establishing and maintaining social bonds are essential to prevent HIV/AIDS pandemic and protect socially vulnerable people. Particular attention must be given to the remote and rural areas". Yes? Okay, we will go on to the next.

"HIV/AIDS is not only a health issue. A cross-sector effort is needed to face the menace to human security which is undermining the African and in some cases Asian development". I see no objection. We will move on.

"Agriculture in both continents is the backbone of the economy. Vast improvement in infrastructure, promotion of environmentally sustainable agriculture and water resource management are essential". Okay, no objection to that one. Now, "North-North, North-South cooperation and ODA are valuable. South-South cooperation is a cost-effective approach for strengthening partnerships. It can also help remove constraints in regional cooperation". Now, there was a little bit of debate on this.

MS. ABIKE DABIRI, MP, NIGERIA:

I do not feel very comfortable with it. Something has to be done about the whole paragraph. But why are you stressing that South-South cooperation is a cost-effective approach for strengthening partnerships? Is that why you are recommending it, because it is cost-effective? Is it because it is cost-effective, or is it effective, or is it a better way?

DR. PETER DAVID MACHUNGWA, MP, ZAMBIA (CHAIR):

It is important and it is cost-effective.

MS. ABIKE DABIRI, MP, NIGERIA:

No, I know, but I think that we are trying not to condemn North-South cooperation, and we are trying not to condemn one at the expense of the other. But you see, as far as I'm concerned, we can do without that paragraph.

MR. SHIV KHARE, AFPPD:

South-South cooperation is important. But in the drafting, somebody said we should also include North-South.

DR. PETER DAVID MACHUNGWA, MP, ZAMBIA (CHAIR):

I think the thrust in the drafting committee was that they should also try to encourage South-South cooperation. That is basically what this is saying.

MS. ABIKE DABIRI, MP, NIGERIA:

Well, it is not adding anything of value to the whole thing. That is what I think, and that is what he thinks.

MR. SHIV KHARE, AFPPD:

So, you do not think that South-South cooperation is necessary.

MS. ABIKE DABIRI, MP, NIGERIA:

I am not saying it is not necessary. South-South cooperation is on, anyway. If you want to stress it, let's stress it. But it is not adding anything to this communiqué. That is what I think. Let's remove it. We do not need it.

MR. SHIV KHARE, AFPPD:

But it is only Japanese and the South. Not all South-South. TICAD is one-way traffic.

MR. SULTAN A. AZIZ, UNFPA:

So who else is going to be at this meeting of the G8 that is from the South? Nobody? So, my point is that you are already making the point that TICAD IV is about bringing the issues of the South to the attention of the G8, which includes Japan. So I think it makes a lot more sense just to leave it at that. I would add and submit to you that this paragraph does not add any value to the declaration. I think it is implicit in the fact that this meeting took place and this declaration is the product of that meeting. I do not think you need to mention what is obvious.

DR. PETER DAVID MACHUNGWA, MP, ZAMBIA (CHAIR):

All right. The point is that because we are addressing the G8, who are not part of the South-South, I think we will go along with the two contributions and remove that paragraph.

MS. ABIKE DABIRI, MP, NIGERIA:

I have a question about the sentence, as such with HIV/AIDS, the paragraph up. Why do you say in "some cases"? It says "effort is needed to face the menace to human security which is undermining the African and in some cases Asian development". Are you saying Asian development, it is only a few cases in Asia and, all the time in Africa? Because I understand we have it more in sub-Saharan Africa and the other non- sub-Saharan Africa are not as badly affected as sub-Saharan Africa. What does that "in some cases" phrase do then? Why don't you just say Africa and Asia? That's my concern.

DR. PETER DAVID MACHUNGWA, MP, ZAMBIA (CHAIR):

Yeah, remove "in some cases".

UNKNOWN:

I feel that we cannot delete this South-South cooperation. Now the sentence as it was before was disconnected and not clear. What we can do is we can reframe it as putting South-South cooperation as a key strategy for the attainment of ICPD and millennium development goals. Because I feel that this should be spelt out. We have discussed it during this session. And I do not think we can just put a stroke like that, not mention it. And it is one of the key strategies. It has been mentioned even in the Maputo plan of action and ICPD and millennium development goals and all. I think that we cannot at a stroke just take it out. It needs to be reframed, and South-South cooperation as a key strategy for meeting ICPD and millennium development goals,

I think, would fit it.

DR. PETER DAVID MACHUNGWA, MP, ZAMBIA (CHAIR):

I think we are reopening that issue again. But this document is meant to influence the G8.

MR. SHIV KHARE, AFPPD:

Not only G8 and not only TICAD, otherwise, this whole meeting is directed to only TICAD and G8.

MR. HARRY S. JOOSEERY, PPD:

I see that this document will be a valuable document for future reference. Not only for G8, and that this is a document that needs to be kept and used as a tool for further advocacy. So I think this is important for perhaps the framing of the sentence with North-South cooperation and ODA are valuable, and then you come to South-South as a key strategy. You could delete the first part, but the South-South as a key strategy should remain.

DR. PETER DAVID MACHUNGWA, MP, ZAMBIA (CHAIR):

Is there any more debate on that?

MR. EL HADJI MALICK DIOP, MP, SENEGAL:

I believe that regarding this preamble, there are certain things that should be taken out. I think you should refer to the Paris Declaration. Within this declaration, this issue has already been solved. My suggestion here is that why don't we clearly refer to the Paris Declaration as the effectiveness of development is talked about and the issues are addressed in the Paris Declaration. However, the South-South collaboration carries similar issues, I believe.

DR. CHRIS BARYOMUNSI, MP, UGANDA:

I think when we discuss the issues of population and reproductive health, the issue of South-South cooperation is very important, especially for Africa and then Asia. So my view is to support my colleague that it should remain. I think the Paris Declaration slightly addresses a different issue of aid effectiveness, which is different from South-South cooperation, and I think it is very relevant for this kind of meeting. And like you said, this document will go to G8, but also we are going to carry this to our governments and the different governments and different structures will receive this, so let it remain. We can improve the language and put the right wording you want, but I think South-South cooperation is very important for the issues we are discussing and for where we are going.

MS. JANE SINGLETON, ARHA:

For me, from a country which is somewhere in the middle of the Pacific sometimes considered North and sometimes South, and because this document should have power beyond its first intention, I believe it is truly an advocacy document. I do not want us to let the North off the hook. I think I would depend on your more experienced drafters, but to be able to include the important South-South, but also not to ignore North-South. Because my government has only recently increased its development commitment, and I do not want to believe that it can stop. So I would like to see it a little more inclusive, so I can go back to my parliamentarians and say, "You have a responsibility. This is what is decided". I would like your experts at drafting to emphasize the South-South but somewhere make it clear that North-South cooperation is still important, because many of us here have parliaments to go back to and parliamentarians we must persuade to support development and support sexual and reproductive health.

DR. PETER DAVID MACHUNGWA, MP, ZAMBIA (CHAIR):

Maybe what we need to do is to separate these two.

MS. ABIKE DABIRI, MP, NIGERIA:

Maybe not separate, just rewrite. A full stop or some commas.

MR. SHIV KHARE, AFPPD:

Okay, the paragraph according to how it reads like this, "While North-South cooperation and ODA are valuable, South-South cooperation is an effective approach for strengthening partnerships. It can also help in regional cooperation". Is that right?

MS. ABIKE DABIRI, MP, NIGERIA:

"Also" should be there. South-South cooperation is "also" an effective approach...

DR. PETER DAVID MACHUNGWA, MP, ZAMBIA (CHAIR):

I think we are happy now with that. All right, let's move on to notes, "There is an urgent need for universal access to reproductive health, family planning information, services and commodities, especially for young people to reduce poverty and promote sustainable development and prevent pandemic of infectious diseases including HIV/AIDS". Any comment? I see none, so we will move on. Next.

"Asia and Africa can learn from each other's best practices and experiences in agriculture, rural

development, infrastructure, and capacity development”. I think that is straightforward. Yes? Next.

“We need to establish a socio-economic system with an environmentally sound material cycle that will raise resource productivity and reduce adverse impact on environment”.

“Internal peace, security, sustainability and good governance are essential to achieve sustainable development. We also recognise that one of the causes of conflicts can be traced to population pressures and poverty, which need to be addressed”. I see agreement. Next.

“Women’s education and empowerment play a significant role in social and economic development. All efforts should be made to protect women and girls from degrading practices such as female genital mutilation (FGM)...”

MR. SULTAN A. AZIZ, UNFPA:

When it comes to the issues of women, we always have a habit of sort of watering things down. I might suggest we say “Women’s education and empowerment plays a key role” as opposed to significant. Or “an indisputable role”.

DR. PETER DAVID MACHUNGWA, MP, ZAMBIA (CHAIR):

Plays a key role. Key is okay. Key role, all right? Now, “All efforts should be made to protect women and girls from degrading practices such as female genital mutilation (FGM), which should be stopped forthwith”. Which ought to be stopped.

MR. SULTAN A. AZIZ, UNFPA:

Some refer to it as cutting, so it is an accepted terminology.

MS. ABIKE DABIRI, MP, NIGERIA:

Just for my information, in which countries do they use the term cutting for female genital mutilation?

MS. FAMA HANE-BA, UNFPA:

Normally, even traditionally in many of these countries, there is no such word as mutilation to use. And it is believed in some, based on some research and some programmes, that using the term mutilation may be shocking in some communities and it is value ridden, and it is not in all cases that it is perceived like that. In most of the cases, people do not intentionally mutilate their

kids or their daughters. So some countries object to the term. So they use, actually, a term, if I take in French for example, it's called l'excision, it is not called mutilation in any case. In others it is called female circumcision, anyway. So that was accepted for those saying that it should be kept. There are some forms that are clearly a kind of sexual control and mutilation, but other forms are not. And basically it is a value judgment. So if the objective is to resolve this problem, it is better to have a more neutral term. That is the belief in some areas. So now, the accepted thing is to put a slash because some people still hold very strongly to the word mutilation. So where it is okay, it is okay with them. But in other cases we keep cutting or the traditional naming, which is in the appropriate language.

DR. PETER DAVID MACHUNGWA, MP, ZAMBIA (CHAIR):

So it will now read "Woman's education and empowerment plays a key role in social and economic development. All efforts should be made to protect women and girls from degrading practices such as female genital mutilation/ cutting and should be stopped".

MS. EMMA BOONA, MP, UGANDA:

Why don't you add there "gender-based violence", after this.

DR. PETER DAVID MACHUNGWA, MP, ZAMBIA (CHAIR):

"All efforts should be made to protect women and girls from degrading practices such as female genital mutilation / cutting (FGM/C) and gender-based violence".

MS. FAMA HANE-BA, UNFPA:

My recommendation is just for the flow of ideas and focus is to remove on the first page, "agriculture" after HIV and AIDS. And maybe put it after the paragraph on income-generating activities where it might seem to be more related.

DR. PETER DAVID MACHUNGWA, MP, ZAMBIA (CHAIR):

We can do that. All right, now, let's go on to... I will just read the income-generating paragraph. "Income-generating schemes have proved to be effective for women in achieving self-sustainable development and empowerment, which should be encouraged".

Okay, next. "Regional and international cooperation are vital in today's world, especially the cooperation among parliamentarians and other elected representatives who can contribute to the development of good governance and democracy". Honourable members? Goes through.

“Information sharing and monitoring mechanisms need to be developed and implemented by parliamentarians for effective developmental plans”. Okay, that goes through.

“TICAD, a Japanese government effort, and G8 have contributed towards African development and urged them to continue and enhance their support to meet MDGs”. I think we will say 1, 4, 5, and 6. I do not want to open that debate again. But I think the language should be “TICAD, a Japanese government effort, and G8 have contributed towards African development and urge that these be continued ...”

MR. SULTAN A. AZIZ, UNFPA:

There are only about 1.2 billion poor people in Asia, that’s all.

MR. SHIV KHARE, AFPPD:

After TICAD should we write “a Japanese government effort?”

DR. PETER DAVID MACHUNGWA, MP, ZAMBIA (CHAIR):

“...Japanese government effort, and G8 have contributed towards Afro-Asian development. Urge that these be continued and their support be enhanced to meet MDGs 1, 4, 5, and 6”. Finally, “Governments and other development agencies should keep parliaments informed of all development projects, project contracts for transparency and better results”.

MS. ABIKE DABIRI, MP, NIGERIA:

Before we sign off, “Income-generating schemes have proved to be effective for women in achieving self-sustainable development and empowerment, which should be encouraged” Now, are we encouraging empowerment or income-generating schemes? That sentence has something vague around there. “development and empowerment” – what are we encouraging, income-generating or development and empowerment? The phrasing is faulty.

MR. SHIV KHARE, AFPPD:

Its women’s empowerment we’ve got on top there, if you read women’s education and empowerment we will talk about that. But I think what we are trying to say is that income-generating schemes empower women. That is basically what we are trying to say. Maybe it is not properly worded.

MS. ABIKE DABIRI, MP, NIGERIA:

When it remains like this, it is vague.

DR. PETER DAVID MACHUNGWA, MP, ZAMBIA (CHAIR):

Well then, let's sort it out. "Income-generating schemes have proved to be effective for empowering women and achieving self-sustainable development". So we will say, "schemes have proved to be effective in empowering women and for achieving self-sustainable development should be encouraged".

MR. SULTAN A. AZIZ, UNFPA:

If I may, Mr. Chair, income-generation schemes are notoriously unsustainable around the world. They always need outsiders to pay into it. It can be a vehicle for creating, if you will, possibilities for sustainable ways of growing crops or doing whatever, but in and of itself is not necessarily a sustainable proposition. I think that has been proven.

DR. PETER DAVID MACHUNGWA, MP, ZAMBIA (CHAIR):

You are saying income-generating programmes cannot empower women for them to...?

MR. SULTAN A. AZIZ, UNFPA:

They can empower women to do something else. But of themselves, income-generation programmes, the ones at least for the last 25 years I have had the pleasure of dealing with, they tend to be problematic. It is a matter of wording. We can leave it and then somebody can fix it.

MS. ABIKE DABIRI, MP, NIGERIA:

You see, it is clumsy. I think the initial one is better than this one. Or you change it entirely. I suggest that rather than going into controversy about income-generation, because it is really controversial, and especially so many of them have not really proven to lead to empowerment. So what it could be is, "self-sustainable development effort should be encouraged, as an initiative for empowerment of women", because that could take different forms. Because if you talk about income-generation activities, that can open up Pandora's Box. I do not want to engage in a debate here, but even for other outsiders and so on, because this has been documented in interventions since the 1980s at the women's conference and the safe motherhood initiative of the 80s, and so many of them were failures. Why do you want to use a term which has not proven to be successful? Use a different term which can include in some areas where it has been successful. So what I am suggesting is just to put sustainable initiatives targeting women's empowerment.

DR. JAGANNATH MANDHA, MP, INDIA:

This paragraph shows many aspects of women problems. Income-generating schemes could be many activities. There is a debate on how to prove the effectiveness. And their empowerment should be encouraged. I do not think there is much value to that point. It needs to change.

DR. CHRIS BARYOMUNSI, MP, UGANDA:

My observation might be that in theory, it is correct. But I think in Africa we do not have evidence that sustainable initiatives, income-generating activities, have actually worked and improved women's lives. I think in Asia it could have worked, but in Africa maybe not much effort has been there for us to visibly see what has happened. So maybe the difference between what has worked in Asia and the lack of these initiatives in Africa will be what is causing...

MS. ABIKE DABIRI, MP, NIGERIA:

Here is my suggestion: women's empowerment should be encouraged. That is the suggestion from our colleague from India. It is all about empowering women. If those who know that research into income-generation is controversial, if they want to encourage women's empowerment...

DR. PETER DAVID MACHUNGWA, MP, ZAMBIA (CHAIR):

I agree, but you see on top we have got women's education and empowerment. And we have talked about empowerment. That is what I am saying. So we have covered it. Let's see, what does it say? Can we read it? Do you have that?

DR. CHRIS BARYOMUNSI, MP, UGANDA:

"Sustainable initiatives which contribute to women's empowerment should be developed and encouraged".

DR. PETER DAVID MACHUNGWA, MP, ZAMBIA (CHAIR):

Okay, we have "Sustainable initiatives which lead to women's empowerment should be developed and encouraged". No objection? Then the new part is OK, although I wish to know what these initiatives are.

DR. CHRIS BARYOMUNSI, MP, UGANDA:

We could say "initiatives such as income-generating activities".

MR. EL HADJI MALICK DIOP, MP, SENEGAL:

We are talking about the economic autonomy of women, so why don't we say "initiatives that will promote". What is the target of initiatives, objective of initiatives? That is women's autonomy, is not it? So why don't you spell that out.

DR. PETER DAVID MACHUNGWA, MP, ZAMBIA (CHAIR):

But what I am saying is that if you empower a woman, it can lead to autonomy, it could lead to anything. But just the empowerment, once you give her the means to be empowered, among other things could result in autonomy, it could result in whatever, more education, more ability to deal with the issues, freedom to feed their children or whatever. So we are not going into details.

So basically we are not trying to give what it is going to result in, what we are just trying to say is that empower the women, and we are ending there.

MS. EMMA BOONA, MP, UGANDA:

One participant said that when it comes to issues of women, we tend to dilute them down. This sentence is failing to come up smartly because in reality there is nothing we are doing for income-generating projects for women. If they were there, by now the sentence would have smartly been written. May I propose that we get down to specifics? And I give an example. Because it is very amorphous, because there is no income-generating success any of us now is ready to talk about. So we either have the sentence or we do not have it at all. We have failed to make a sentence because all of us are saying nothing has worked. So as we are winding up and writing down, what are we doing for women in that sentence? That shows the way forward, what we can do, what we are doing.

DR. PETER DAVID MACHUNGWA, MP, ZAMBIA (CHAIR):

How about "that should be developed". In other words, we are keeping the door open to coming out with the initiatives that can help empower women through income-generation.

MR. SHIV KHARE, AFPPD:

If anyone does not have an objection, we can write "sustainable initiatives such as income-generating schemes which contribute to women's empowerment should be developed and encouraged" which have both options, income-generating also comes, and other schemes also come. If that is agreeable to everyone. Is that OK?

DR. PETER DAVID MACHUNGWA, MP, ZAMBIA (CHAIR):

Is that agreeable? Okay, now we come to the last sentence.

MS. JANE SINGLETON, ARHA:

Are other parliamentarians saying they merely believe, or are they saying they recommend? It is a quite different intent. And at the beginning “we are believing” and at the end “we are recommending”. My preference, but I am not a Parliamentarian so it may not be appropriate to say, is to “recommend” because that is an active phrase and leads forward. Believing, in our culture, would be a fairly static phrase.

DR. PETER DAVID MACHUNGWA, MP, ZAMBIA (CHAIR):

I agree with you. In fact, these cannot be stated as beliefs. I mean, you cannot say belief. You cannot say these are beliefs. These are recommendations. Or you may call them declarations if you like. “We the parliamentarians commit ourselves to work towards fulfilling the above”. Then we don’t have to do running around, messing around with the “believe”. I will take two more contributions before I close. Go ahead.

DR. CHRIS BARYOMUNSI, MP, UGANDA:

And we have suggested it comes out as a separate paragraph. At the top, after the MDGs. I am suggesting that it reads like this, “And we further urge that African Union’s 2006 Maputo Plan of Action for the operationalisation of the sexual and reproductive health continental policy be on the agenda of the TICAD IV”. Maybe she can type it and we look at it.

DR. PETER DAVID MACHUNGWA, MP, ZAMBIA (CHAIR):

Anything else? Then, I would like to thank honourable members, all delegates and officials and cooperating partners for this show of excellent cooperation in discussing these recommendations.

Tokyo Statement of Parliamentarians on Population, Health, and Community Capacity Development

Preamble

We, the 21 Parliamentarians from 20 countries of Africa and Asia, as representatives of the Asian Forum of Parliamentarians on Population and Development (AFPPD)^{*} and the Forum of Africa and Arab Parliamentarians on Population and Development (FAAPPD)^{**} met in Tokyo on August 28-29, 2007 at the Afro-Asian Parliamentarians' Dialogue on Population, Health and Community Capacity Building for Sustainable Development toward Tokyo International Conference for African Development (TICAD) IV and G8 Summit in 2008.

- We affirm the centrality of ICPD as the principle framework for the achievement of the MDGs, supported and affirmed by the Berlin Meeting of G8 Parliamentarians' Conference on Economic Rewards in Investing in HIV/AIDS Prevention and Health, and declaration adopted at the International Parliamentarians' Conference on ICPD Implementation held in Bangkok in November, 2006.
- We support the initiative of TICAD by the Government of Japan and African Governments for the development of Africa and the well-being of African People.
- We urge the attainment of all MDGs, especially Goal 1 and the global health related Goals 4, 5, and 6 be on the Agenda for TICAD-IV and G8 Summit to be held in 2008, Japan.
- We further urge that the African Union's 2006 Maputo Plan of Action for the operationalisation of the sexual and reproductive health continental policy framework be on the agenda of TICAD IV.
- We, the parliamentarians, believe that:

^{*} AFPPD is a coordinating body of national committees of parliamentarians on population and development and parliamentary committees in Asia and the Pacific which was established in 1982 as the first regional forum of parliamentarians on population and development.

^{**} FAAPPD was established in 1997 in Cape Town as a regional parliamentarians' forum on population and development for Africa and Arab countries under the declaration of the International Conference of Parliamentarians on Population and Development (ICPPD) which was held in Cairo Egypt in conjunction with the ICPD 1994.

- ◆ The stabilization of population is a crucial prerequisite for poverty reduction, sustainable development and prevents environment degradation in Asia and Africa.
- ◆ Community development is the key to African and Asian development. Establishing and maintaining social bonds are essential to prevent HIV/AIDS pandemic and protect socially vulnerable people; particular attention must be given to the remote and rural areas.
- ◆ HIV/AIDS is not only a health issue; a cross sectoral effort is needed to address this menace to human security, which is undermining the African and Asian development.
- ◆ North-South cooperation and ODA are invaluable and developing South-South cooperation is essential. In addition, South-South cooperation builds the regional cooperation.
- ◆ There is an urgent need for universal access to reproductive health, family planning, information, services and commodities especially for young people, to reduce poverty and promote sustainable development and prevent pandemic of infectious diseases, including HIV/AIDS.
- ◆ Asia and Africa can learn from each other's best practices and experiences in agriculture, rural development, infrastructure, and capacity development.
- ◆ We need to establish a socioeconomic system with an "environmentally-sound material cycle" for sustainable productivity and to limit adverse impact on the environment.
- ◆ Internal peace, security, sustainability and good governance are essential for sustainable development. We also recognize that one of the causes of conflict can be traced to population pressures and poverty which need to be addressed.
- ◆ Women's education and empowerment play a key role in social and economic development. All efforts should be made to protect women and girls from

degrading practices such as Female Genital Mutilation/Cutting (FGM/FGC), and all forms of gender-based violence should be stopped.

- ◆ Agriculture in Africa and Asia is the backbone of their economies. Improvement to infrastructure, promotion of environmentally sustainable agriculture and water resource management are essential.
- ◆ Sustainable initiatives such as income generating schemes which contribute to women's empowerment should be developed and encouraged.
- ◆ Regional and international cooperation are vital, especially the cooperation among parliamentarians and other elected representatives who can contribute to development, good governance and democracy.
- ◆ Information sharing and monitoring mechanisms need to be developed and implemented by parliamentarians for effective development plans.
- ◆ TICAD, a Japanese Government effort, and G8 governments have contributed towards Afro-Asian Development and urge that these to continue and enhance their support to meet MDGs, especially 1, 4, 5, and 6.
- ◆ Governments and other development agencies should keep parliaments informed of all development project contracts for transparency for better results.

We, the parliamentarians commit ourselves to work towards fulfilling the above.

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Address

Mr. Sultan A. Aziz

Director of Asia and the Pacific Division, UNFPA

Honourable Mr. Fukuda, honourable Members of Parliament that are gathered here, colleagues, ladies and gentlemen. Actually what I planned to read was about this thick, but I decided that two pages will do, so I will not bother you very long.

I have been privileged to be part of this dialogue today, and to listen to your views and experiences. Our discussions in the past two days clearly indicate that there have been some tangible signs of progress and development in our regions. But much, much more needs to be done. We recognise that Asia and Africa account for over 70% of the world's population, which also constitutes some of the world's largest and fastest-growing economies. We also recognise that while some countries have prospered, many countries in our region are still struggling to focus on development and are unable to reap the benefits of globalisation. The majority of the population of both continents still do not have access to health and education. All of us who have gathered here are working to address these issues.

Although the challenges are becoming more complex, we are fortunate that we live in an age when the world has become much smaller, communication is much simpler, and bilateral and multilateral ties have proliferated. Opportunities such as this week's dialogue between two regions makes it possible to generate new knowledge, ideas, perspectives and approaches that would be appropriate and valuable to development efforts in both Africa and Asia. Indeed, this forum is a key pillar in maintaining the momentum of South-South cooperation towards the achievement of millennium development goals. In our partnership, we have to learn lessons from the challenges and disparities we have been facing.

I take this opportunity to thank the organizers of this event, the Asian Population Development Association (APDA) the Asian Forum of Parliamentarians on Population and Development (AFPPD) together with the supporting cast including cooperating organisations such as Ministry of Foreign Affairs, JPPF, and the Japan-African Union Parliamentary Friendship League, for their commitment to promoting the link between Asia and Africa. I also thank all of the participants who represent your countries and various organisations, as your presence indicates

assuming ownership of and responsibility for your countries' development. I thank the parliamentarians who play a critical role in advancing the development agenda and for your determined efforts in political, economic, and social reforms. More specifically, we at the UNFPA acknowledge your advocacy efforts to your governments on the importance and implications of population issues and the ICPD agenda.

Last but not least, I would like to acknowledge and commend the excellent work that has been undertaken by the government of Japan in not only providing assistance to countries in our region but also for their support in promoting triangular cooperation over the years. Ladies and gentlemen, the UNFPA is ready and able to assist Asian and African nations to achieve progress. We look forward to working more closely with all of you to strengthen our partnership and cooperation. We also count on your commitment to bring forward the results of the discussion in this meeting to TICAD and the G8 Summit in 2008. Thank you very much.

tokyo, japan



Closing Address

Mr. Yasuo Fukuda, MP (Japan)
Chairperson of APDA/AFPPD/JPPF

My dear friends,

We have been able to adopt the proposition that we will present to our respective governments in preparation for TICAD next year as a result of the enthusiastic discussion and fruitful deliberation during the last two days. For this we thank you very much for your contribution and cooperation.

We hosted the conference for cooperation between Africa and Asia here this time for two reasons. One was to take advantage of the G8 Summit and TICAD IV to be held next year here in Japan, and the other was that we believed that the traditional experience of Japan may be helpful to you.

Japan historically had a high population density compared with other countries around the world. Many of us lived in very confined spaces. In this condition, creative and innovative approaches have been developed. In a small community, if one person were to behave selfishly and destroy the environment, there is a danger of the whole community suffering the consequences. To avoid this, traditional Japanese communities developed strict rules in cutting down forests or disposing of waste.

You may have seen terraced rice paddies that reach up to hill tops. It required a great deal of labour but it was the logical way of increasing production without destroying the environment. People accepted this tireless way of farming that was referred to as “plowing up to the heavens”. It seems to me that Japanese today are at the beck and call of what makes money, but our ancestors who had to devise ways of living in a restricted space found sustainable productivity more important. In other words, Japan had developed over time ways of using resources in a sustainable manner. In so doing a communal bond was nurtured, which eventually evolved into an institutionalized mutual assistance society.

Today, Japanese families tend to have few children, so that there is a serious phenomenon of aging in rural districts. This has caused a change in social infrastructure and has resulted in great

changes in traditional rural landscapes. Fortunately, however, my hometown of Gunma prefecture has managed to preserve a traditional social system.

You may be a little exhausted at the end of the conference, but beginning tomorrow we would like to show you how Japan managed to live with a historically high population density, and what great efforts were made to rebuild our country from the ruins of the Second World War, with the hope that this may be useful to you. As the organizer and host of the program, I will be most happy if the conference and the post-conference study tour will be helpful, even a little, when you formulate your policies.

Lastly, please understand if we cannot do more at this time because of the limited number of people in our secretariat. Please enjoy the rest of the program. Thank you.

Comments on behalf of all the participating parliamentarians

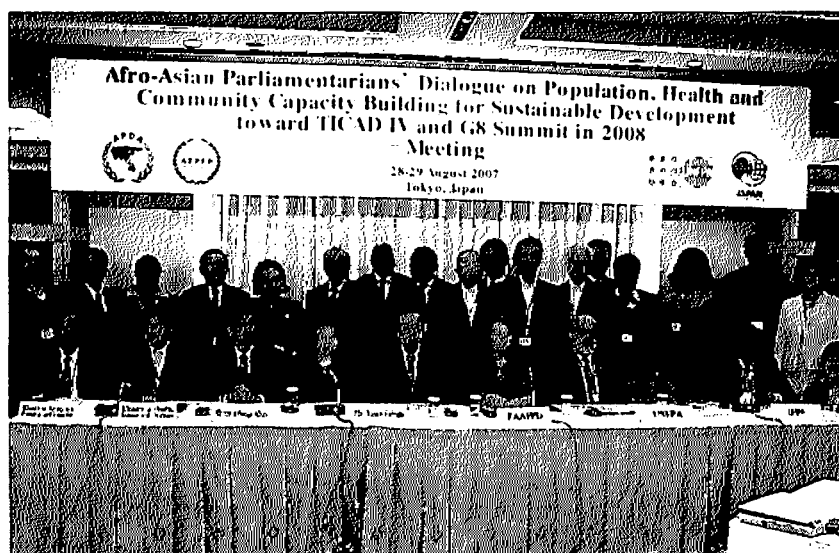
Ms. Abike Dabiri, MP (Nigeria)

On behalf of all the participants, all MPs here from Africa and Asia, we want to thank the organisers of this summit. I'm sure you all agree with me that it has been a very worthwhile summit. We are going back more knowledgeable and better equipped about the problems we have discussed.

I want to thank the keynote speaker who gave a beautiful keynote presentation yesterday. We want to thank all the resources persons. Everybody has been fantastic; every resource person has added knowledge and value to our lives. We also want to thank the chairs of the various sessions. I don't know how you chose everybody but everybody you chose was brilliant.

We also want to thank the secretariat staff. The chairperson just said that you had a limited number of staff but I think they were wonderful. We thank you all very much. You have been very efficient, very effective. We want to thank all of them. You have been wonderful, the secretariat staff, everybody, thank you very much.

We have enjoyed Japanese hospitality. We have enjoyed your food. We haven't gone out to see the town but we have enjoyed everything about you, your country and everything. I've also learned to say *Arigatou*.



“Statement on Population, Health and Community Capacity Building: The role of the Parliamentarian”

Ms. Theresa Amerley Tagoe, MP (Ghana)

Fertility and mortality are declining steadily in Ghana. While the total fertility rate, which was 6.7 in 1988, has decreased to 4.4 in 2003, mortality has also decreased from 150 deaths per 1,000 live births to 72 deaths per 1,000 live births between the same period. This steady decline in total fertility rate has taken place in the face of a low contraceptive prevalence rate of 19% for modern methods. The interplay between fertility and mortality has resulted in a steady change in the age structure of the population. Ghana like most developing countries has a young population structure with 41.3% of the population less than 15 years old while the population aged 60 years and above is 5.2%.

Ghana has, since 1994, when it revised its National Population Policy, continued to formulate new policies and laws to guide the implementation of its population agenda. The country has developed and is implementing policies on health, sexual and reproductive health, ageing, disability, gender, and youth among others. Besides this, there is the National Reproductive Health Policy, Standards and Protocols, as well as the HIV/AIDS Policy and its Strategic Frameworks. All these are fully consistent with the principles, tenets and focus of the Growth and Poverty Reduction Strategy (GPRS II 2006-2009), the blueprint for the country's socio-economic development.

Sexual and Reproductive Health (SRH) and rights are very crucial to the socio-economic development of any country since a healthy population is one of the determinants of sustainable development. Available data indicates that SRH problems are the leading cause of women's ill health and death particularly in developing countries like Ghana. The maternal mortality ratio in Ghana is quoted as 214 per 100,000 live births. However, we know that rates ranging between 700 and 800 deaths per 100,000 live births exist in some parts of the country. To address this concern, the Government has initiated an exemption policy to provide free antenatal and delivery services in all public health facilities in the country. The institution of a Safe Motherhood Week Celebration as an annual event to create awareness on maternal health and the National Health Insurance Scheme are also initiatives to reduce maternal deaths.

Government remains committed to institutional as well as human capacity building. In this

respect, it has trained doctors, nurses, midwives and community-based workers in such areas as clinical skills in safe motherhood and family planning, behaviour change communication and lactation management. The Ghana Health Service now has Regional Resource Teams and a core of “master trainers” with the capacity to serve as facilitators and resource persons for reproductive health and other health related training at all levels.

The National Youth Employment Programme embarked upon by the government is aimed at equipping the youth with employable skills. The programme covers agriculture, health, education, information communication and technology (ICT), community protection systems, waste and sanitation management corps. In addition, on-the-job training, internships and industrial attachments, vacation jobs and voluntary services for graduates of tertiary institutions are also being promoted.

With the establishment of the Ministry of Women and Children’s Affairs and the Domestic Violence Victim Support Unit of the Police Service, capacity building efforts, particularly in gender issues, for stakeholders and collaborators have been intensified. There have been various training sessions in strategy formulation for Gender Desk Officers of the Ministries, Departments and Agencies in addition to training in entrepreneurial and managerial skills for women’s groups at the community level with support from Parliamentarians.

In order to ensure that population concerns are fully integrated into the development planning process as a means of contributing to poverty reduction, Government, through the National Population Council, has trained all District Planning and Budget Officers of the District Assemblies in the three northern regions of the country on how to integrate population factors into development planning. Plans are far advanced to extend this training to officials in other districts.

Closely related to this, is the regular training of members of the Parliamentary Caucus on Population and Development (the largest caucus in Parliament), on population issues and their interrelationships with development. This has equipped the members to advocate for population and health related issues.

Parliamentarians, as representatives of the people, have played and continue to play an important role in pushing the population and health related agenda forward. Within Parliament and at the constituency level, they advocate population and other related issues geared towards creating an enabling environment for introducing or changing specific policies, laws, strategies

and programmes.

Parliamentarians also participate in the celebration of population related activities, such as World Population Day and World HIV/AIDS Day, to lend support to these programmes in the country. They also participate in community fora to educate the people on government policies and programmes.

The use of the Member of Parliaments' share of the common fund and influencing the allocation of funds by District Assemblies for population programmes are all means of support for the population agenda at the community level. For example, parliamentarians organise advocacy and awareness programmes with the help of MDAs and NGOs to sensitise members of their constituencies on issues such as HIV/AIDS, safe motherhood and child health, sanitation and girl child education. They also lobby, as well as, mobilise resources and community libraries in their communities to complement government efforts.

The legal environment to advance the course of vulnerable groups – women, children, and the disabled has improved significantly since ICPD, leading to the promulgation of various laws to protect rights. For example, the laws against harmful practices against women such as Female Genital Mutilation (FGM) and Trokosi systems (where young virgins, usually girls, are given as slaves to serve in shrines of a deity) have been passed.

One other outstanding achievement is the passing of the Children's Act. This law seeks to protect the rights of the child and touches on issues such as maintenance and adoption, child labour, and fosterage. The Act has also raised the age of criminal responsibility from 7 to 12 years and the age of sexual responsibility from 14 to 18 years.

Moreover, the passing of the Domestic Violence and Disability bills into laws is another success story of the government. These laws seek to protect women and men against violence in the domestic setting, as well as, address issues concerning the disabled population. Currently various groups including NGOs are assisting in monitoring the implementation at local and community levels.

The challenges confronting parliamentarians particularly at the community level includes deep-rooted socio-cultural practices and attitudes of the people to bring about the desired behavioural change with respect to the prevention and control of HIV/AIDS, as well as, family planning, and poverty, and inadequate financial and human resources to implement the

population and health agenda.

The country will continue to take full advantage of the present enabling environment, which is crucial for the successful implementation of programmes to address population and health issues. This will ensure that the country's Poverty Reduction Strategy, whose goals are essentially the same as those of the ICPD-POA and the Millennium Development Goals, are achieved.

“Capacity Building of Parliamentarians for Eliminating Violence against Women”

Ms. Sissoko Fanta Mantchini Diara, MP (Mali)

INTRODUCTION

For so long, the issue of violence against women has been reduced to religious, social or economic specificities. In fact, it is permanent and universal.

However, this reality was not understood by the international community until very recently. Indeed, it was in the year 1993 that the United Nations adopted the “Declaration on the Elimination of Violence against Women on 20 December 1993”, and decided to define gender-based violence for the first time. Thus, according to that Declaration, “the terms of violence against women” mean “any act of gender-based violence that results in, or is likely to result in physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life”.

With regard to Malian substantive law, the term “violence against women” is a legal fiction. The concept or notion of “Violence against Women” is not stated in any internal text.

However, the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa, which came into force in November 2006 in all countries which have since ratified it, stipulates in its first article, paragraph k: “For the purpose of the present Protocol, violence against women means all acts perpetrated against women which cause or could cause them physical, sexual, psychological or economic harm to women, including the threat to take such acts; or to undertake the imposition of arbitrary restrictions or on deprivation of fundamental freedoms, whether in private or public life, in peace time and during situations of armed conflicts or of war”.

The concept of violence against women is very broad, it includes the violation of women's human rights in times of armed conflict, including murder, sexual slavery, rape, and forced pregnancy. According to this definition, the culprits can be individuals, groups of men, police officers, soldiers, government officials or the state itself when it fails to protect women from abuse or the threat of violence, or when it turns a blind eye to the perpetration of such acts.

In Mali and more generally within the Economic Community Of West African States (ECOWAS), violence against women is intimately linked to the fate and the role they play in the political, economic and social life. Thus, each ethnic group has a form of violence that is specific to it. Women are always the first victims of bullying, insecurity, conjugal violence, prostitution, unemployment, poverty, and sexism. Violence against women is still perpetuated in the family unit, in the workplace, in the community and in society. Though girls attend the schools of the Republic, they are circumcised, veiled, married by force, and abused in their most intimate choices.

Already in the preamble to the Declaration of 1993, the United Nations proclaimed the urgency of the implementation of human rights and principles for women: security, integrity, freedom, dignity and equality.

In addition, the draft outlining the Millennium Development Goals (MDGs) issued in 2005 by the United Nations asserts that the right to be sheltered from violence, especially for girls and women, is a fundamental right without which they cannot realize their potential and lead productive lives. That is what makes this paper important.

I- BACKGROUND SITUATION IN MALI

Violence against women takes on several dimensions and can be seen everywhere reflecting the extent of genuine social issues.

How and why women are mutilated, locked up, displaced and traded, often with the tacit complicity of the family, the community or the state?

1 - The Types of Violence Against Women:

In Mali, violence against women can be divided into three major groups:

1.1 We see violence as a result of customary or religiously inspired practices tolerated and accepted by society, and based on women's inferiority to men (practices related to widowhood, polygamy, inheritance, etc.). These are characterized by the lack of legislation and can be seen in the household or in the family. They can range from assault to traditional practices harmful to women's health (excision, force-feeding, early marriage etc.).

1.2 Then there is violence against women in the society or in the workplace. This can be physical (battery, abuse, etc.), psychological (verbal abuse, humiliation, threats, sexual

harassment, etc.), sexual (rape, forced prostitution and trade, etc.) or economic (desertion of the marital home, deprivation of resources, repudiation, etc.).

1.3 Finally there is the violence that women suffer from because of the existence of discriminatory provisions in the law. In terms of guardianship, prohibition, in the event of obligation for the woman to return the dowry, the gifts and other benefits obtained during the marriage, etc.

2 - The Causes of Violence Against Women:

• Causes relating to the attitude of women themselves or their status

With respect to violence against women the code of silence prevails for several reasons:

- Illiteracy and ignorance by women of their rights;
- Cumbersome social and cultural rules (victims' fear of losing a situation or a benefit);
- Pressure from society, which invariably asks the woman to be patient for her children to be blessed or which disapproves of a woman who drags her husband into court; feelings of fear and guilt from the victim who prefers to keep silent;
- Poverty: justice is costly. Many foolhardy women give up before the end of the proceedings for lack of money or legal assistance;
- Weakness in the status of women within the family, the community and the society.

• Causes relating to the authorities in charge of protection and suppression

- Lack of professionalism (such as asking the woman herself to give the summons the person who assaulted her);
- Lack of conscientiousness (such as interviewing the raped woman in the presence of other persons);
- Administrative and judiciary inertia (such as making a woman who lodges a complaint wait for a long time on a bench or asking her to come back several times);
- Corruption of law enforcement agents (such as encouraging the woman to withdraw her complaint or to reach a compromise with the perpetrator of violence; blackmailing her);
- Poor receptivity by the agents of women's rights (such as asking the complainant to go and settle the problem with the family);
- Low criminal penalties for perpetrators;
- Existence of gaps in the law;
- Impunity;
- From the way cases are processed, they depend on persistence as they can remain unsettled for lengthy periods. However, cases of violence are often sensitive and affect

women's intimacy: family or marital squabbles getting out of hand, rape etc. That is why these cases cannot be treated like any other. They require more patience, more conscientiousness and more openness from the police officers.

3 - Where does violence occur?

- In the family: Widespread and commonplace conjugal violence makes women live in terror. The commonplace nature of the facts, particularly when there are no physical assaults, does not allow others to recognise the violence women are suffering within the family unit. Verbal abuse, insulting words, tyrannical authoritarianism, reprimands, humiliation, morbid jealousy, threats, sexual brutality. In most cases, it is unthinkable for victims to lodge complaints.
- At school: Some adolescents are subjected to violence, blackmail or sexual harassment in schools.
- In the workplace: Some women are subjected to intimidation and sexual harassment in the workplace. Others suffer from discrimination in access to promotion and high public positions of responsibility, despite substantial progress which has been made since 1992.
- In the community: the socio-cultural environment in which we are living explains the persistence of some forms of violence against women. Indeed, the Malian society is patriarchal. It is based on the idea of men's superiority over women who must respect and obey them. The mentality and attitudes built up by custom and traditions legitimize men's violence against women. That is also the reason why most women accept and condone male violence.

II- NATIONAL PROVISIONS AGAINST VIOLENCE

In the area of the protection of women against all forms of violence several laws exist at the national level, notably: the 25 February 1992 Constitution, the Labour Code, the Code of Welfare and some particular laws, including the law on reproductive health and the education act.

1. PROTECTION OF WOMEN IN THE 25 FEBRUARY 1992 FUNDAMENTAL LAW

In the preamble of the Constitution, the People proclaims its determination to defend women's and children's rights.

Article 1 enshrines the inviolability of the human being, the right to life, liberty, security and integrity.

Article 2 provides for the principle of equality among citizens in rights and duties and establishes the general principle of non-discrimination.

Article 3 prohibits torture, physical abuse, inhumane, cruel, degrading or humiliating treatment. Any individual or government official who would be guilty of such acts, even on instructions, shall be punished by the law.

Article 4 guarantees to all the freedom of thought, religion, worship and opinion.

Article 5 recognizes and guarantees the freedom of movement and the freedom of residence.

Article 9 establishes the principle of presumption of innocence and the right of defence, including that of being assisted by a lawyer of one's choice from the preliminary investigation.

Articles 13 and 14 guarantee the right of ownership and free enterprise.

Articles 17, 18 and 19 guarantee for all education, health, training, employment and housing.

2. THE VIOLENCE SUPPRESSED BY SPECIAL TEXTS

2.1 Acts of violence punishable under the Penal Code (Act no. 01 075 of 20 August 2001)

- Threats: They are suppressed by Article 222 of the new Penal Code which provides for a prison sentence of eleven days to 5 years depending on the seriousness of the threats (battery, attack).

- Indecent assault: (any act of sexual nature contrary to the practices and exerted intentionally and directly on a person) it is punishable under Article 225, which provides for a sentence of 5 to 10 years when the assault is committed on a child under the age of 15.

- Malicious wounding: Article 207 § 1, which provides a sentence of 1 to 5 years imprisonment and a fine of 20,000 to 500,000 francs. These sentences are compounded when the wounding is followed by mutilation, deprivation of the use of a limb or a sense, blindness, disability or illness.

- Repudiation: Article 234 § 3 punishes repudiation by 15 days to 3 months imprisonment and a fine of 20,000 to 120,000 francs or only one of the two penalties.

- Paedophilia: Article 228 punishes by 5 to 20 years imprisonment and a fine of 20,000 to 1 million francs for any act of paedophilia (sexual penetration or sexual touching committed on a child under the age of 13). If the culprits are the victim's ascendants or if they have authority over him/her or are responsible for his/her education, his/her surveillance, the penalty shall be life imprisonment and a fine of 20,000 to 1 million francs.

- Desertion of home and abandonment of child: Article 232 § 2 This offence consists of a physical act of abandonment. It concerns the husband who abandons his spouse or her child and refuses to provide for their maintenance. The person who has custody of the children may lodge a complaint to which the penalties range from 3 months to 2 years.

- The abduction of persons by fraud, violence or threats: Article 240 Any offence is punishable by 1 to 5 years.

- Trade, mortgage and bondage of people: are offences that are punishable under Articles 242,

243. The penalties range from 1 to 5 years for trade and 6 months to 2 years for mortgage.

- Trade of children: It includes the recruitment, transportation, fencing, sale of children and displacement of the child within or outside a country. The penalties range from 1 to 5 years.
- Rape: It is a crime under Article 226. It is punishable by 5 to 20 years of hard labour and optionally by 1 to 5 years' prohibition on residence. These sentences are compounded if the rape has been committed by several people or if the culprits are the ascendants, people responsible for the victim's education or people who have authority over him/her.

* Chapter 1 of Book III of the Penal Code deals with crimes against humanity in its Articles 29, 30, 31 and 32.

- Rape, Sexual slavery, Forced prostitution, Forced pregnancy, Forced sterilization or any other form of sexual violence of comparable gravity are punishable by article 29 paragraph g;
- Injuries to self-respect, notably inhumane and degrading treatment are punishable by Article 31 paragraph b.

2.2 Acts of violence punishable by the Code of Marriage and Guardianship.

- "Forced marriage" or celebration of marriage without the consent of the future spouses:

Prior to the enactment of the Code of Marriage and Guardianship (CMT), and unfortunately even today in some communities of our country, marriage is not just a matter of two individuals, but two groups.

However, Article 10 of the CMT makes the spouses' consent a condition for the validity of the wedding. It must be made orally before the registrar and witnessed by the spouses' signatures.

Article 15 of the CMT punishes, by fine of 25,000 to 100,000 francs and to a sentence of 6 months to 1 year imprisonment at most, any officer who allegedly makes a wedding official without getting the consent of the father and mother if the bride and groom are not the required age (under 21 years for sons and under 15 years for daughters).

- The illegal celebration of religious wedding by the minister:

Article 6 of the CMT states that "any minister who shall conduct religious ceremonies without giving proof of an act certifying the civil celebration shall be punished by a fine of 5,000 to 30,000 francs." There are often illegal celebrations of religious weddings in violation of the legitimate wife's rights.

- Offence to polygamous or monogamous wedding:

This applies when a husband, who already has four wives, enters into a fifth wedding, or a husband, who has entered into a monogamous marriage, marries another wife. Articles 7 § 4 and Article 8. The sentences range from 12,000 to 120,000 francs fines and 6 months to 3 years.

3. UNSUPPRESSED ACTS OF VIOLENCE

- **Excision:**

In Mali, this is the most widespread act of violence, which is not dealt with by a specific legislation. It can be suppressed only through other provisions of the law such as those relating to unintentional injury. But so far no complaints have been registered in court.

- **Sexual Harassment:**

Sexual harassment is defined as unwanted sexual advances, requests for sexual favours, and verbal or physical conduct of a sexual nature. This form of violence is now fairly widespread. Women are subjected to it in private homes, workplaces, schools, police stations, gendarmeries, prisons, etc.

- **Domestic violence:**

It consists of all acts intended against women within the household or the family by a spouse or any other person of the family, likely to cause her physical, psychological and sexual violence.

III- INTERNATIONAL TEXTS ON THE FIGHT AGAINST VIOLENCE AGAINST WOMEN

Like several other African countries, Mali has given its support to all initiatives taken to respect women's rights at the regional and international levels.

It has signed and ratified the conventions guaranteeing women's rights and respect for their physical integrity, including:

- The Convention on the Nationality of Married Women.
- The Convention on night work for women.
- The Convention on underground work.
- The Convention on Consent to Marriage, Minimum Age for Marriage and Registration of Marriages.
- The Convention for the Suppression of the Traffic in Persons and of the Exploitation of the Prostitution of Others.
- The International Convention for the Suppression of the Traffic in Women of Full Age.
- The Convention on the Elimination of All Forms of Discrimination against Women.
- The Optional Protocol to the Convention on the Elimination of All Forms of Discrimination against Women.
- The Convention on the Rights of the Child.

- The Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (Articles 3, 4 and 5).

Mali has supported all United Nations resolutions intended to give special protection to women. Such is the case with the Declaration on the Elimination of Violence against Women adopted on December 20, 1993 by the United Nations, the Article 4 of which states “States should condemn violence against women and should not invoke any custom, tradition or religious consideration to avoid their obligations with respect to its elimination. States should pursue by all appropriate means and without delay a policy of eliminating violence against women and, to this end, should:

- (a) Consider, where they have not yet done so, ratifying or acceding to the Convention on the Elimination of All Forms of Discrimination against Women or withdrawing reservations to that Convention;
- (b) Refrain from engaging in violence against women;
- (c) Exercise due diligence to prevent, investigate and, in accordance with national legislation, punish acts of violence against women, whether those acts are perpetrated by the State or by private persons;
- (d) Develop penal, civil, labour and administrative sanctions in domestic legislation to punish and redress the wrongs caused to women who are subjected to violence; women who are subjected to violence should be provided with access to the mechanisms of justice and, as provided for by national legislation, to just and effective remedies for the harm that they have suffered; States should also inform women of their rights in seeking redress through such mechanisms;
- (e) Consider the possibility of developing national plans of action to promote the protection of women against any form of violence, or to include provisions for that purpose in plans already existing, taking into account, as appropriate, such cooperation as can be provided by non-governmental organizations, particularly those concerned with the issue of violence against women;
- (f) Develop, in a comprehensive way, preventive approaches and all those measures of a legal, political, administrative and cultural nature that promote the protection of women against any form of violence, and ensure that the re-victimization of women does not occur because of laws insensitive to gender considerations, enforcement practices or other interventions;
- (g) Work to ensure, to the maximum extent feasible in the light of their available resources and, where needed, within the framework of international cooperation, that women subjected to violence and, where appropriate, their children have specialized assistance, such as rehabilitation, assistance in child care and maintenance, treatment, counselling, and health and social services, facilities and programmes, as well as support structures, and should take

all other appropriate measures to promote their safety and physical and psychological rehabilitation”.

Mali has also acceded to the Solemn Declaration on Equality between men and women in Africa adopted by the Assembly of Heads of State. Inserted under section 4 on the issue of violence against women it calls on States to:

“Initiate, launch and engage within two years sustained public campaigns against gender based violence as well as the problem of trafficking in women and girls; Reinforce legal mechanisms that will protect women at the national level and end impunity of crimes committed against women in a manner that will change and positively alter the attitude and behaviour of the African society”.

IV- THE SUCCESS REGISTERED ELSEWHERE IN THE FIGHT AGAINST VIOLENCE AGAINST WOMEN

All ECOWAS states have developed legislation, which aims to protect women against certain forms of violence. Rape, for example, is banned in all countries. But everywhere, progress must be made to cover all forms of violence to which women are subjected. Thus, sexual harassment, domestic violence and female genital mutilation are not yet prohibited by specific laws in all countries. However, female genital mutilation is punishable by specific laws or provisions of the Penal Code in Benin, Burkina Faso, Togo, Cote d'Ivoire, Ghana, Guinea and Senegal.

Benin and Togo have recently adopted a law on the suppression of sexual harassment in 2006. Domestic violence is suppressed in Cote d'Ivoire.

Anti-violence against women policies and programs exist in Benin, Senegal, Niger and Ghana.

Benin has developed a training module on violence against women for professionals (magistrates, lawyers, police officers, doctors). This module is designed to provide assistance in information and skills to fight more efficiently against the phenomenon of violence. A study on domestic conflict has been conducted and has helped civil society organizations have a clearer view of the scourge. A nationwide inventory of men and women circumcisers has been made and it has been found that knife-dropping ceremonies are not productive, hence most circumcisers having no other income than what they earn from this practice.

The Inter-African Committee on Traditional Practices Affecting the Health of Women and Children in Benin has 50 branches in the country that develop and implement programs to

combat harmful traditional practices (female circumcision, early marriage, etc.).

There is a multi-sector plan of action for the implementation of the National Policy for the Advancement of Women (2002 - 2006 in Benin).

In Burkina Faso, the practice of circumcision is punishable by law. There is a National Committee to Combat the Practice of Excision (CNLPE), the patron of which is First Lady Chantal Compaore, provided is a national preventive and alert mechanism, a toll-free “SOS Excision” number and significant material and financial resources. The committee has connections in the provinces among the chiefs and traditional communicators, which has allowed achieving encouraging results and a marked decline in the abandonment of the practice of female circumcision.

Programs for reception, guidance and management of women in distress and fistula patients are developed through the establishment of the “Maison de la Femme” in all provinces.

Several national studies have been conducted which offer courses of action and the results have been disseminated among civil society organizations. These include the study on “conjugal violence”, “study on sexual harassment in the workplace”, study on “stereotypes and prejudices in language on women and attitudes towards them”, and “study on early and forced marriage”.

In Togo, specific actions are being carried out by civil society organizations and the Government. They consist of training sessions and the organization of annual campaigns on various forms of violence against women. The same civil society organizations provide the victims of violence with legal assistance and social and psychological management.

Senegal has initiated a draft legislation on discrimination against people living with HIV/AIDS, the protection of women and girls from rape and any other forms of violence, and the criminalization of the voluntary transmission of HIV/AIDS. The policies and programs to combat violence against women include the establishment of a national directorate on gender equity and equality, the establishment of a Women and Children Rights Watch provided with tools for the monitoring and evaluation of the national program to combat violence against women. Also established, as part of the mechanisms for implementing policies and programs, is a National Women’s Advisory Committee.

To ensure appropriate enforcement of the law and better care for victims, special units have been

created in the police forces of some countries, such as Sierra Leone, Ghana and Nigeria. These units are competent to deal with issues of violence against women and children in families.

V- STRATEGIES TO COMBAT THE PHENOMENON OF VIOLENCE AGAINST WOMEN

To put an end to violence against women, the Government should remove all legislative and regulatory obstacles to the promotion and protection of women's rights. This work requires strong and strategic relations between the Government, the Parliamentarians and the Civil Society Organizations.

Recommendations to government and Parliamentarians:

- Make legislation in areas where there are gaps in the law and pass specific laws on domestic violence, female genital mutilation and sexual harassment.
- Harmonize national laws with international conventions to translate into reality the universal ideal of non-sexual discrimination.
- Accelerate the adoption of the draft Code of Family and Persons.
- Adopt a national plan of action to combat violence against women and provide adequate resources for its implementation.
- Establish a National Observatory on Violence against Women made up of representatives of the Government, the Parliament and the civil society with responsibility for: ensuring compliance with and enforcement of laws to protect women against violence in the family and in the society; monitoring and evaluating all activities in the area; promoting in-depth and nationwide studies on the phenomenon of violence against women.
- Carry out large-scale awareness and information campaigns on violence against women, with religious leaders, traditional leaders, traditional communicators, the media and in schools.
- Develop national training programs on women's rights and violence against women intended for Parliamentarians, legal practitioners (magistrates, lawyers, police officers and Gendarmerie) and health workers.
- Build the capacities of the stakeholders in the judiciary and representatives of the law with roles in the management of the victims of violence.
- Support programs developed by civil society organizations to provide multifaceted assistance to women who are victims of violence through the allocation of adequate financial resources.

- Make the current legal aid system operational and accessible for poor women in rural and urban areas wishing to exercise their rights.
- Allocate human and other resources for effective integration of gender in national policies and programs.
- Take affirmative action measures to ensure the implementation of the principle of equal participation of men and women in the management of public affairs.

CONCLUSION

Humanity includes women and even relies on them. No religion, no custom, justifies torture, stoning, or rape of a woman just because she is a woman, or withdrawal of her fundamental rights.

Yet, it is still noted that with comparable qualifications and skills, there is still a differentiation of responsibilities and remunerations. The choice of courses and careers is not egalitarian neither are the conditions of daily life as organised by our societies.

Elsewhere, political parties ignore gender parity preferring to pay a fine rather than appointing qualified women candidates in eligible positions.

Here, millions of girls are circumcised and suffer the torments of early marriages and early pregnancies.

The repudiation, a practice prohibited by the Malian Criminal Code since 1973, is still perpetrated and no complaints have been registered in the courts.

The widow does not have full legal capacity with regard to the guardianship of her minor children. The childless widow is not entitled to inherit in some ethnic groups, to enjoy the property left by her late husband, and she has no choice but to marry his brother.

The girl's consent for marriage is not often required and women married under the monogamous option are not always immune from abuses to make them revise the so-called option in favour of a younger concubine.

For those women, as for the others, people must continue to implement legislations based on the universal principles of equality and dignity and ensure their effective enforcement.

However, the law and its immersion in the social fabric are not enough.

Moreover, awareness and information activities must continue, amplify and extend to all segments of the society to achieve real awareness so that a real change in attitudes and behaviour can be made.

Combating violence against women must be in line with a continuing and qualitative change in the minds of men and women.

That is why violence against women concerns everybody and deserves your attention as representatives of the People. It is obvious that progress has been made. Our Constitution proclaims the principle of equality, our legislation on Reproductive Health guarantees women the freedom to control their procreation. But there is still a long way to go. The progress made is fragile and often questioned.

Promoting women is not a way to lesson men; for our society it is the best guarantee of balance and progress.

As Parliamentarians, standing up for further protection of women's rights is participating in the struggle for a better Mali!

**Afro-Asian Parliamentarians' Dialogue on
Population, Health and Community Capacity Building
for Sustainable Development
Toward TICAD IV and G8 Summit in 2008
—Study Visit—**

**30 August – 1 September, 2007
Tokyo and Gunma, Japan**

**Afro-Asian Parliamentarians' Dialogue on Population, Health and
Community Capacity Building for Sustainable Development
Toward TICAD IV and G8 Summit in 2008**

— Study Tour —



**30 August – 1 September 2007
Tokyo and Gunma, Japan**



Co-Organizers:	<ul style="list-style-type: none"> ◇ Asian Population and Development Association (APDA) ◇ Asian Forum of Parliamentarians on Population and Development (AFPPD)
Supporting Organizations:	<ul style="list-style-type: none"> ◇ United Nations Population Fund (UNFPA) ◇ Ministry of Foreign Affairs of Japan (MOFA)
Cooperating Organizations:	<ul style="list-style-type: none"> ◇ Japan Parliamentarians Federation for Population (JPFP) ◇ The Japan-African Union (AU) Parliamentary Friendship League

Itinerary

TIME	DESCRIPTION AND PLACE	
Thursday, 30 August (Tokyo)		
10:00 – 11:00	Briefing & discussion on “Reproductive Health and Family Planning Experience of Japan” by JOICFP	Arcadia Ichigaya
11:00 – 12:00	Dialogue with the Japanese NGO representatives	Arcadia Ichigaya
12:00 -13:00	Luncheon	Arcadia Ichigaya
13:00 -14:00	Departure from JOICFP to JICA	Travel time (bus)
14:00 - 16:00	Briefing & discussion by JICA	JICA Global Plaza
16:00 – 18:30	Departure from JICA to Gunma	Travel time (bus)
Friday, 31 August (Gunma)		
09:30 – 9:45	Courtesy call on Mr. Akio Shigehara, Deputy Governor of Gunma Prefecture	Gunma Prefectural Government
09:45 – 12:00	Briefing & discussion by Gunma Prefectural Government	Gunma Prefectural Government

13:00 – 14:30	Luncheon “Briefing on Manufacturing plant of agricultural products managed by rural women entrepreneurs”	Farm Restaurant
15:00 – 16:00	Field Programme on “Rights of distributed hot spring water”	Ikaho Hot Spring Association
16:00 –	Departure to Hotel	Travel time (bus)
<i>Saturday, 1 September (Gunma)</i>		
10:00 – 11:00	Field Programme on “Forest reserve”and “Forest as a Water Reservoir”	Ikaho Forest Park
12:00 –	Lunch	
14:00 –	Field Programme on “Japanese culture”	Daimon-ya
	Departure for Narita	Travel time (bus)
<i>Sunday, 2 September (Narita, Chiba)</i>		
	Flight back from Japan	

Introduction

A study tour on population, health and community capacity building was conducted in Tokyo and Gunma from August 30 to September 1 following the conference on August 28 and 29. The thirty-three members of the delegation consisted of 18 parliamentarians from the Forum of African and Arab Parliamentarians on Population and Development (FAAPPD), Asian Forum of Parliamentarians on Population and Development (AFPPD) and European Population Forum (EPF) as well as UNFPA Africa Division Director Ms. Fama Hane-Ba, UNFPA Tokyo Office Director Ms. Kiyoko Ikegami, Australian Reproductive Health Alliance Chief Executive Officer Ms. Jane Singleton, and staff members of AFPPD, FAAPPD and APDA secretariats.

In Tokyo, the study tour visited concerned bodies including Japanese Organization for International Cooperation in Family Planning (JOICFP) and Japan International Cooperation Agency (JICA), and participants received explanations on Japan's international cooperation, and activities toward assisting Africa and improvement of maternal and child health in postwar Japan. In Gunma Prefecture, the party made a courtesy call to Vice Governor Akio Shigehara and was briefed by prefectural officials on the experience of Gunma Prefecture in areas such as public health including measures for controlling tuberculosis, regional mutual assistance activities including volunteer fire fighters, common land, improvement of women's social status and life improvement activities.

Day 1

Thursday, August 30, 2007

- 1. Visit to JOICFP (Arcadia Ichigaya)**
- 2. Visit to JICA (JICA Global Plaza)**

1. Visit to the Japanese Organization for International Cooperation in Family Planning (JOICFP)

JOICFP is an NGO engaged in projects related to population and reproductive health on an international scale and is working with other affiliated organizations including APDA. At JOICFP, the party was informed about family planning in postwar Japan and had a discussion with the representatives of the NGO Forum concerned with the 2008 G8 Summit in Japan.

(1) Family planning experience in post-war Japan

(Mr. Yasuo Kon, Chairperson of JOICFP)

Sixty-two years have elapsed since the end of World War II and Japan has become a very affluent country today. However, the government and the people of Japan underwent enormous hardship between the immediate postwar years of 1945 to 1950 as they strived towards the goal of “postwar rehabilitation and rebuilding of the nation”. Living conditions were particularly difficult owing to extreme shortage of food and clothing with people compelled to share toilets and cooking areas. Open air classes were seen everywhere after schools were burnt down during the war years. The vicinity of the Diet Building is maintained in an orderly manner today but even the road in front of the Diet Building was being used to grow food at the time. These difficult times for the people saw an increase in fertility and backstreet abortion (unsafe and illegal abortion) as well as a spread of infectious diseases such as tuberculosis.

To improve this situation, a nationwide civic movement for raising the living standard was carried out concurrently with the government’s infrastructure building endeavours from 1946 to 1955. These activities, known as the “New Life Movement”, involved life improvement efforts such as savings enhancement and household account keeping as well as rural improvement efforts including improvement of agriculture and the changing of old customs. Improvement of public health was also pursued by exterminating flies and mosquitoes and by improving toilets in addition to carrying out campaigns for the prevention of tuberculosis, infectious diseases and parasites. These efforts produced significant results as people participated voluntarily in the community under government support.



In 1948, induced abortion was legalized with some conditions to protect women from unsafe backstreet abortions. However, it gave rise to a trend of resorting casually to induced abortion and initiated the launch of a government-led project for promoting family planning in 1952. International Planned Parenthood Federation (IPPF), the world's second largest NGO today, engaged in activities worldwide in the field of sexual and reproductive health/rights, was founded in the same year, and Family Planning Federation of Japan was founded two years later in 1954. The results of family planning were confirmed as the number of induced abortion cases and fertility declined thanks to the concerted efforts of the government, people and experts. In particular, infant mortality rate (IMR) dropped from 76.7 in 1947 to 2.8 in 2005 while maternal mortality rate (MMR) dropped from 167.5 in 1947 to 5.8 in 2005. Today's family planning efforts are focused on age groups whose pregnancy and abortion figures are increasing such as youth and middle-aged persons who have completed raising their children.

There are seven factors behind the success of family planning in Japan. The first factor is "placing people at the centre". It is important for people to become aware of the fact that the principle of family planning lies in protecting the fundamental right of all couples to decide whether or not to have children (not by any means giving in to pressure from government policy to control population) while family planning is an indispensable element for maternal and child health, so that they can engage in their choices under their own initiative.

The second factor is "formulation of a trusting relationship between the guiding party and the people". As family planning is a very delicate issue that involves intruding into people's sex life as opposed to curing a disease, mutual trust is indispensable. In Japan, health nurses and maternal nurses that are trusted by residents played the central role in community activities. The third factor is "community networking". Women in particular took the initiative in creating a network that enabled community residents to work in an organized manner.

The fourth factor is "partnerships with NGOs, government and experts". It signifies continuing activities by building a framework for cooperation through maximum utilization of each entity's characteristics. The fifth factor concerns "education of quality leadership". Since people on the receiving end of family planning service are obtaining new information on a daily basis, emphasis has been placed on training leaders in order to provide services that are always a step ahead.

The sixth factor is "development and improvement of effective instructional materials". The government and field workers collaborated as needed to improve the instructional materials to

make them user-friendly and practical. Innovative ideas are often introduced to meet the needs of the people at all times. Income from these instructional materials also serves as a revenue source for other activities. The seventh factor is “economic independence through self-help efforts and its continuation” which is the most important factor in carrying out the family planning movement. Identification of competent leaders, clear vision and economic independence constitute essential prerequisites for the continued development of this movement.

(2) Discussion with representatives from NGO Forum

Following the meeting with JOICFP, representatives from 9 Japanese NGOs that are active in the Asia/Africa region convened for a discussion with the parliamentarians. Opinions were exchanged with the party on topics such as the latest conditions in the field (which is seldom available outside their country) and future requests. Also covered in the discussion was preparation for addressing new needs as they arise with the increase in the volumes of assistance.



NGO Participants:

- JOICFP
- Hunger Free World (HFW)
- Oxfam Japan
- Services for the Health in Asian & African Regions (SHARE)
- Results Japan
- TICAD Civil Society Forum (TCSF)
- Space Allies
- Don't Let It Be—World Poverty

Observers:

- Chiba Prefecture General Planning Division Gender Equality Section
- Chiba Prefecture Health and Welfare Division

2. Visit to Japan International Cooperation Agency (JICA)

The study tour visited JICA at the Global Plaza in Hiroo in the afternoon. Following a welcome greeting from Director Mr. Yoshihisa Ueda of JICA (who also serves as the director of APDA), JICA's activities and projects in Africa were explained by respective persons in charge.



(1) Outline of JICA projects in Africa

(Mr. Norio Yonezaki, Team Leader, Middle-Western Africa)

34 of 49 least-developed countries (LDC) in the world are concentrated in the African Continent.

According to the UNDP Human Development Report 2005, about half of the people living under a dollar a day are in Africa. The background for such absolute poverty and economic backwardness can be broadly divided into four factors. The first factor is the low quality of people's basic life needs such as education, safe drinking water and public health. The second factor is the vulnerability of functions of the state including the inability to properly distribute resources to its people. The third factor is that the delay in trade, investment and information is compounding the stagnation of economic growth. The fourth factor is instability of public order including domestic conflict.

Africa saw the greatest concentration of the world's ODA during the 1980s. After entering the 1990s, however, ODA contributions for the region started to decline as so-called "assistance fatigue" spread among the Western countries. However, heads of state from Africa were invited for the first time to the Kyushu-Okinawa Summit in 2000 and met with the leaders of the world's major powers. Assistance for Africa regained global momentum as increases in ODA contributions from the West was announced in the same year. At the Gleneagles Summit in 2005, Japan announced that it would double its ODA contributions to Africa for 3 years with the aim of supporting Africa's self-help efforts.

Japan hosted the first Tokyo International Conference on African Development (TICAD) in 1993 to deliberate on "Promotion of self-help efforts towards the development of African countries and strengthening of approach towards this issue by the global community" under Japan's initiative. At TICAD III in 2003, the New Partnership for Africa's Development (NEPAD) support through the ownership of African countries was clarified as Japan's basic policy and the importance of the perspective of human security in African development was stressed. Japan's Initiative for Cooperation for Africa based on the three pillars of human-centred development, poverty reduction through economic development, and consolidation of peace was announced. Thus the recommendations and policies adopted at TICAD have become the basic policy for JICA's assistance for Africa.

As a result of its African assistance activities to date, JICA's technical cooperation increased from 19.7 billion yen in 2003 to 23.7 billion yen in 2006 and efforts are being made to make the best use of additional funds by combining various support systems including dispatch of Japan Overseas Cooperation Volunteers and grant aid to produce effective results. New local offices have been established in recent years to transfer the personnel and authority to foreign offices while establishing regional support offices to strengthen the implementation system.

(2) Health-related projects in Africa

(Mr. Keiichi Takemoto, Leader of Health and Human Resource Development Team, Group 4, Human Resource Development Division)

Assistance in the area of health in Africa is very important in seeking improvement of people's basic lifestyles. In particular, primary health care is being strengthened so that people can think about their health voluntarily and make their own decisions by participating in the process. In addition, focus is being placed on prevention and early treatment of infectious diseases including HIV/AIDS, malaria and tuberculosis, placing particular emphasis on health improvement through implementation of countermeasures against parasites and vaccination for women and children with compromised immune systems. Efforts are also being made to improve the capacity of administrators by educating and transferring skills to local medical practitioners and improving the organization and system of health care in addition to offering material assistance.

(3) Approach towards regional development including One Village One Product Campaign

(Mr. Jun'ichi Hanai, Leader of Second Dry Upland Crop Region Team, Group 3, Rural Development Division)

The food problem in Africa is deeply related to the poverty problem and constitutes a serious problem that threatens "human security" which is one of JICA's basic principles. For this reason, JICA is supporting development and dissemination of agricultural technology for small farms with the aim of improving agricultural productivity with consideration for eradicating poverty in rural areas. In the field, guidance is being offered to the residents by using recyclable farming implements such as bamboo, straw and sandbags. Improvement measures devised by residents themselves such as irrigation channels using tree bark are also being incorporated in the activities. Moreover, New Rice for Africa (NERICA), which is a new variety created through interspecific crossing between Asian variety and African variety rice, is being promoted with farmer participation so that rice can grow productively in regions lacking water for agricultural needs.

(4) Introduction of JICA Global Plaza

(Mr. Takahisa Kusano, JICA Global Plaza)

The JICA Global Plaza was established as the base for people's participation in international cooperation. It is a place offering a wide array of information so that each and every one of us can nurture awareness of being a member of a global community. It also plays the role of the site for dispatching information on international cooperation by citizen groups as well as a place for

interaction and training. The main activities of JICA Global Plaza include: 1) support for development education; 2) consultation and support for participating in international cooperation; 3) cooperation with citizen groups and municipalities; 4) implementation of international cooperation through citizen participation; and (5) implementation of various trainings and support for returned JICA volunteers to share their experience with the community.



Day 2

Friday, August 31, 2007

3. Visit to Gunma Prefectural Government Office

4. Visit to “Agri-House Ofukuro-tei” (Akagi Town, Shibukawa City, Gunma Prefecture)

5. Visit to Ikaho Hot Springs (“Komaguchi”) Owners Association (Ikaho Town, Shibukawa City, Gunma Prefecture)

3. Visit to Gunma Prefectural Government Office

The second day of study tour started with a visit to Gunma Prefectural Government Office where the group was briefed on disease prevention, volunteer fire brigade activities, common land use and efforts for encouraging the participation of rural women in business and society as part of the community mutual aid activities in the prefecture. The event was covered by the Kanto Edition of NHK News and was broadcasted extensively.

Vice Governor Akio Shigehara began by delivering a welcoming speech. Vice Governor said that a bond already exists between Gunma Prefecture and the countries represented in the study tour through the agricultural high school student exchange program conducted by Gunma Prefecture and the dispatch of Gunma residents to these countries through the Japan Overseas Cooperation Volunteers. He also expressed his deep respect to Chairperson Yasuo Fukuda and APDA for organizing the conference and study tour.

On behalf of the delegation, Dr. Peter David Machungwa, MP, from Zambia expressed his deep gratitude for the heart warming welcome. He added that parliamentarians will take back what they learned here to their respective countries and utilize it effectively for the development of their country.



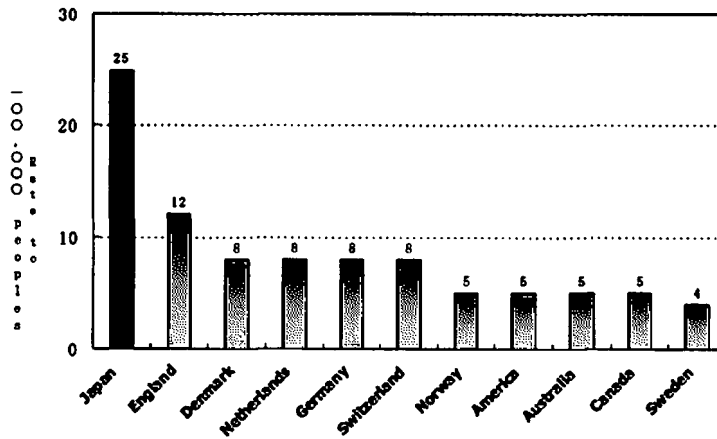
**(1) Approach towards tuberculosis countermeasures by Gunma Prefecture
(Mr. Hidehiro Kawasaki, Disease Control Group Leader, Bureau of Health and Welfare,
Health Management Division)**

The prevalence rate of tuberculosis has been declining from year to year but remains at a high level compared to other developed countries of the world (6 times higher compared to Sweden). Many of the infected are elderly people. As one's immune system starts to weaken, particularly after the age of 70, the disease starts to develop among carriers that showed no symptoms up to that point and raises the prevalence rate of tuberculosis as a result.

STOP TB

Incidence of disease(TB)

(Total TB、2003(Japan)、2002(another country))

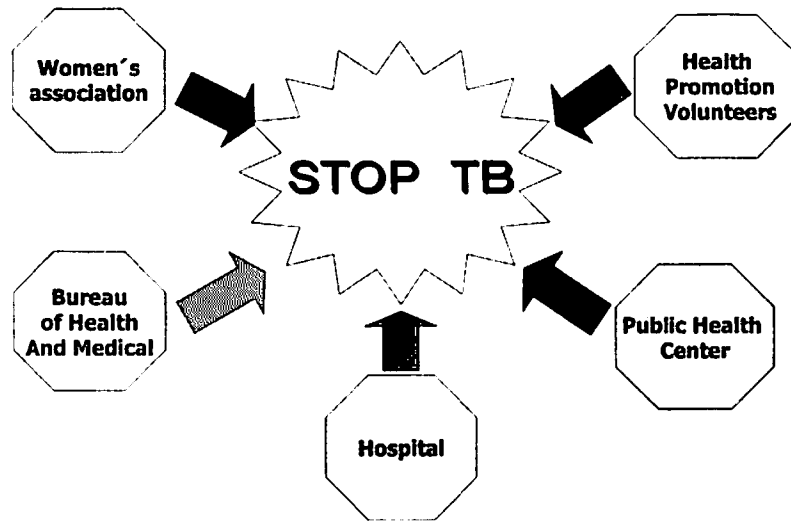


STOP TB

The change of the tubercular problem (1951→2000)

	1951	2000
Incidence of disease	698	31
The mortality rate	110	2.1
The mortality rate age 25-29:70-74	293:123	0.1:21
The tubercular medical expense / The national medical expense	27%	0.3%
Tubercular patient / The inpatient	50%	0.8%
The tubercular sickbed / Newly registered case	0.20	0.62
Anti tuberculosis drugs	SM,PAS	RFP, INH,EB, PZA, SM, KM, TH, CS, EVM, PAS

Mutual aid of related organization



Gunma Prefecture has put in place the Women's Tuberculosis Prevention Society, municipal health promotion staff and municipal health bureaus in addition to seeking dissemination of accurate knowledge about tuberculosis through workshops and conducting educational activities for tuberculosis prevention. The Women's Tuberculosis Prevention Society is aiming to create a healthy and bright society by running a "Fukuju-ji" (double-barred cross) seals campaign in an effort to eradicate tuberculosis, lung cancer and other diseases of the chest while raising public awareness about diseases and prevention. In addition, efforts are being made to increase the consultation rate of tuberculosis checkups and the Health Prevention Section is offering proper guidance for early treatment through early detection and prompt introduction of medical institutions to those with findings at the primary health checkup.

Moreover, information is being offered at health centres in various locations including house visits and explanations of treatment method to patients that are registered as tuberculosis patients during contact checkup as well as the implementation of proper guidance and management of Directly Observed Treatment, Short Course (DOTS).

(2) Volunteer fire brigade Activities in Gunma Prefecture

(Mr. Takuki Busujima, Supervisor of Volunteer fire Fighting Group, Fire Fighting and Disaster Prevention Section)

The history of volunteer fire brigades goes back to the Edo Period with local volunteer firefighting brigades called "Iroha Shijuhakkumi" created by the Eighth Shogun Yoshimune. The Volunteer Fire Fighting Organization Law was promulgated in 1947 and the present format

of volunteer fire brigades installed at municipalities throughout the country came into existence. Today, about 900,000 (including 14,000 women) are taking part in this.

Gunma Prefecture has about 12,000 volunteer firefighters, about 50 of whom are women. At present, Japanese volunteer fire brigades boast large membership among volunteer fire-fighters of the world, making it a typical community mutual aid activity that is revered worldwide. Volunteer fire brigades are groups of volunteers that have assembled to protect the community and its residents from fires and other disasters that may affect the region of their residence. They hold other day jobs but get together on holidays to train and prepare themselves so that they can rush to the sites of disaster at any time. There are also fire fighting departments that are professionally engaged in firefighting activities and work together with volunteer firefighters in the event of a disaster.

Actual activities of volunteer fire companies include fire extinguishing and rescue activities during fires, flood prevention activities including sandbag piling during floods, fire extinguishing, and rescue and evacuation guidance in the event of an earthquake. In ordinary times, they are engaged in disaster prevention and offer educational activities for fire prevention to residents. They thus play an important role as leaders of regional firefighting and disaster prevention by working closely with their local community.

The future challenge for volunteer fire companies lies in improving people's sense of belonging in their community. Volunteer fire company membership has declined from 28,000 in 1962 to 12,000 in Gunma Prefecture. The reason was the change in form of employment among active members of these fire companies from farmers (who were more community-based) to salaried workers. Volunteer fire brigades must remain active as their activities include not only the work they perform during the case of a fire but also general revitalization of their community.

(3) Common land and production forestry cooperatives

(Mr. Masanao Takahashi, Assistant Group Leader of Forestry Organizations, Forestry Promotion Section)

The common land system is said to have emerged during the Tokugawa Era when people shared their grass-cutting fields for feeding cattle, thatch fields, community-use forests and mountains called Iri-yama, Nakama-yama, Kumi-yama and Mura-yama according to the customs of villages that they lived.

A system quite similar to common land called the Commons also existed in England. Having a

strong connotation of “joint ownership” instead of “public land”, the people that rented land in the surroundings to engage in grazing, forestry and fisheries owned the rights to the Commons in reality.

In Japan, the qualification of part ownership of land (common land) to which the right of the common has been established is limited to householders living in certain regions or villages. Transfer of right of common land is permitted among the owners of the common but not to outsiders. However, owners of the common will lose this right once he or she leaves the region or village. In addition, how the profit allocated to individuals from the quota is spent, the decision process for dividing this profit and successors differ depending on the custom of each region.

A question was asked about the inheritance of the right of common. The response given was that it is basically inherited by the son of the family owning the right of common in that region. Many questions from the viewpoint of gender equality followed. The secretariat offered supplemental information by mentioning that property inheritance in Japan is completely gender equal under Japan's civil law, that right of common is a customary tenure that follows the common law, and that Japan's traditional property rights strongly pertains to the obligation for maintaining the property. For this reason, rights such as right of common that are accompanied by obligation to participate in work not suitable for female labour (e.g. pruning and thinning for maintaining forests) have been inherited among men.

At the backdrop of Japan's success in maintaining the environment despite high population density was the existence of “rights” accompanied by “obligations”, i.e. obligations for passing on ancestral land to posterity, as opposed to the Western concept of right in which only the right is asserted independently.

When two-clause provisions on the right of common were stipulated in the Civil Code (“Right of common possessing common properties” and “Right of common not possessing common properties”) in 1898, they were put into effect according to the customs of each region. In 1966 the Modernization Act was enacted to dissolve the rights based on old customs for advancement and development of common forest land while enabling right holders to obtain rights such as ownership and surface right.

One of such efforts was the enactment of the Production Forestry Cooperative Act which was responsible for shifting common land rights to production forestry cooperatives under which

forest owners and surface right owners made in-kind contributions and collectively managed their forest.

Today the management, maintenance and control of forests are facing challenges for various reasons. One such reason is that cedar and cypress that they cut produce little profit because of their low prices. This, in turn, causes loss of interest in forest management. Secondly, the people engaging in forest management are diminishing in number because of depopulation and aging of cooperative members. In addition, the rights based on common law such as inheritance of right of common give rise to contradiction partly due to the difference in the founding concept in light of today's criteria for legal interpretation. Maintenance and management of property shared by the community that had been retained in Japan as part of tradition are challenged in contemporary Japan because of the process of integration into the Modernization Act.

(4) History of business participation and social participation of rural women in Gunma Prefecture

(Ms. Chizuru Shimizu, Assistant, Leader Fostering Group, Agricultural Promotion Section, Chubu Agricultural Office)

Gunma Prefecture Life Improvement Council was founded in 1948 following the enactment of the Agricultural Development Act in the same year. In 1954 a post for life improvement was created at the Agricultural Technology Section of the Prefectural Government and started the policy of seeking technical improvement of agriculture by improving the lives of rural residents. Such improvement movements attained success as a result of people voluntarily thinking about the health of themselves and their families and working to improve their lives by following the guidance of agricultural extension workers. For instance, they succeeded in reducing the amount of firewood and working time in the kitchen by switching from old furnaces to ovens made from bricks and concrete.

In addition, residents themselves installed collective water drawing sites and improved the water supply to their homes, which, in turn, freed women from the hard work of fetching water for domestic chores, child rearing and field work and allowed elderly women to participate in labour. Guidance on diet consisted of non-perishable foods and regular food stock that is useful during the busy farming season, guidance on diet suitable for labour and health management through reduction of salt and sugar intake. During the busy farming season, women that acquired knowledge about nutrition performed their household chores collectively and served meals to farm workers. In 1971, they travelled in “kitchen cars” with extension workers and provided healthy livelihood guidance to the people in regions that did not have collective cooking

practices to significantly improve the health of the farmers.

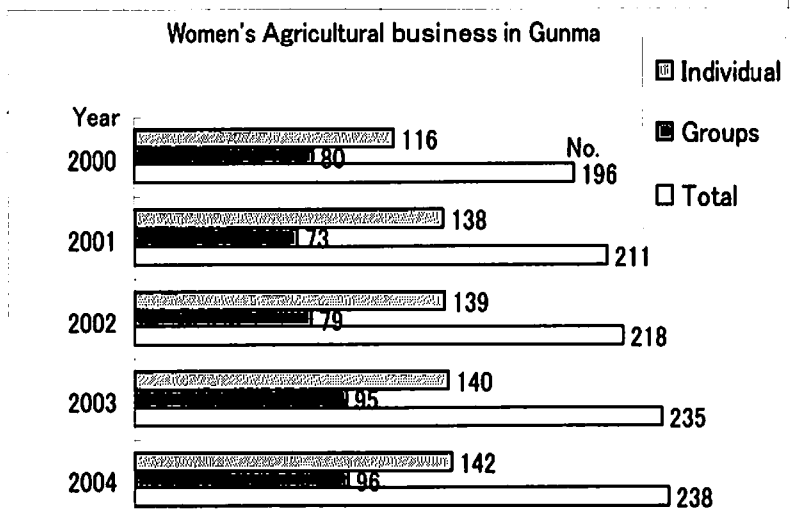
In the recent years, popularization of self-supplying gardens, classes on recipes using local farm produce, participation in farmers markets and the holding of cooking competitions were sought to maintain the motivation and further improve the skills of the participants. This has led to participation of rural women in the existing community as well as realization of their economic independence through private and group entrepreneurship that led to the opening of tofu processing facilities and farm restaurants. Their activities now range widely from the “culinary farm experience” which is offered for exchange with consumers in cities and publishing of various books on food processing.

According to a survey conducted every year on rural business openings, 40% of such businesses are started by groups and 60% by individuals. A vast majority of businesses involve the processing of farm goods. Some are engaged in specialty items and farm stands.

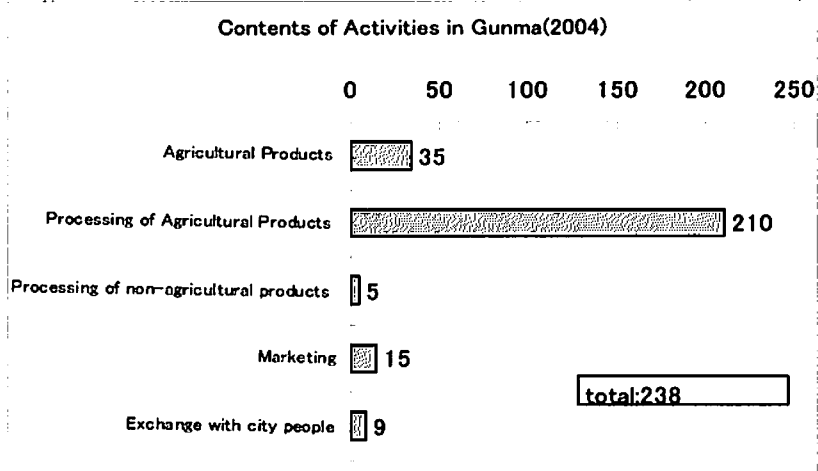
Around 1948, rural women were labourers who received no compensation for work they performed at home such as housework and child rearing. Economic independence of women in the past 60 years has made it possible for women to make decisions about their own lives and assume policy-deciding positions such as agricultural board members and board members of Japan Agricultural Cooperatives, leading to their social participation.

Dissemination programs have been conducted for 60 years by repeatedly following the educational method of “having farmers think and solve problems with their peers”. Rural villages you see in Gunma Prefecture today are the outcome of a long succession of learning and practice. The extension workers will continue to promote the participation of women in business and society by promoting a gender equal society in rural areas along with the development of an environment for such purpose.

Rural Women Businesses (Gunma)



Rural Women Businesses



4. Restaurant “Aguri House Ofukurotei”

Aguri House Ofukurotei where the party enjoyed their lunch is a restaurant run by the Akagi Rural Women’s Processing and Marketing Association. The restaurant was opened in March of last year by 11 founding members who are women from local farms in their forties to seventies.

Eleven volunteers from the Akagi Village Rural Women’s Council responded to Akagi Village’s plan to open a processing and marketing organization for regional development that utilized local farm produce and founded the Akagi Rural Women’s Processing and Marketing

Association. The 35.32 million yen launching cost of the restaurant was covered by the 26 million yen subsidy from the Akagi Village (now merged into Shibukawa City) and 13.84 million yen joint investment from the members of the Union.

Ingredients used at the restaurant are primarily local and dishes have flavours of rural home cooking. The regular menu includes dishes using the local specialty “Akagi pork” such as pork cutlet, roasted pork with rice and bun with boiled pork. It also serves seasonal dishes using vegetables in season and plans to serve traditional dishes that have been handed down in that area.



5. Visit to Ikaho Hot Springs Komaguchikensha Union

The Study tour visited this union to observe how they are sharing the limited resource of hot springs and using it on a permanent basis. The Komaguchikensha Union refers to a union of people owning the right to draw hot spring water from the main line through which the source water flows. A wooden tub made of unseasoned chestnut tree is used for the pouring gate at Ikaho. Total discharge is 5 tons per minute and is shared by 12 owners of the pouring gate. The copper plate of Oriental Zodiac at the famous stone pavement steps represents these pouring gate owners.

Komaguchikensha Union has a long history. According to a memo left by Minbu Watanabe in 1741, it is mentioned in the an official notice by Ii Hyobu Shoyu, the feudal lord of Annaka, in 1639. They are currently owned by 9 inns that are preserving the “golden water”, the traditional

hot spring of Ikaho Hot Springs, under strict union rules.

In response to a question about what to do when someone acquires a new right to a pouring gate, the union representative said that no new rights are created and that it would have to be transferred from an existing owner. The response to a question about cases where there is no heir to the right was that no clear answer can be given because there were no such cases in the past but the right to the pouring gate will most likely be returned to the union. These answers showed that Japan's traditional property rights are strongly linked with preservation of community.



Day 3

Saturday, September 1, 2007

6. Ikaho Forest Park and Forest Learning Centre (Shibukawa City, Gunma Prefecture

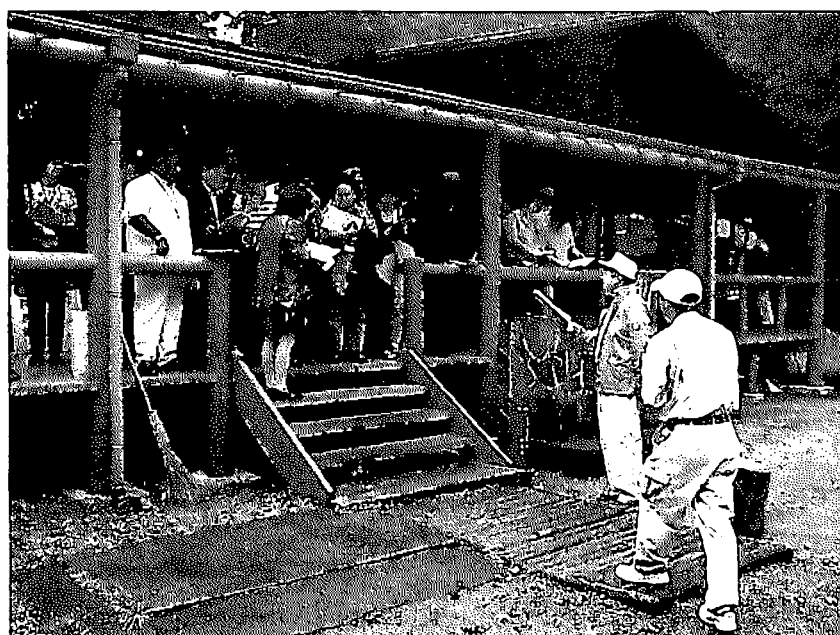
7. Daimon-ya (Takasaki City, Gunma Prefecture)

6. Overview of Ikaho Forest Park

(Mr. Toshio Shimizu, Director of Shibukawa Environment and Forest Office)

At Ikaho Forest Park, the delegation was scheduled to stroll in the park and receive a briefing about the conservation forests such as watershed protection forests. Due to bad weather, however, an overview was offered at the administration building. The party then visited the Forestry Centre for a further briefing.

Forest Park has an area of 224 hectares and extends 2.9km in an east-west direction and 1.9km in a north-south direction with Futatsudake Mountain (located southwest of Ikaho Town) in the centre of the park. It originated from 1,262 hectares of land sold from the Imperial Forest as a model forest development area to celebrate the marriage of the Crown Prince (who later became the Showa Emperor) in 1925. Following a decision to use part of this forest for activities under the control of the Forestry Agency such as the Living Environment Conservation Forest Development and Health Conservation Forest Facility Development, development of walkways, irrigation facilities and lawn cover as well as the creation and improvement of natural forest was carried out prior to the park opening in 1979. The Forest Park plays the role of environmental conservation including air purification, alleviation of climate conditions and protection against landslides (designated a sediment runoff protection forest) and the role of promoting health and recreation by offering a place for physical and mental health and recreation to those who stroll in the forest (designated as a health protection forest).



7. Visit to Daimon-ya: Experience the traditional culture of Japan

(Mr. Jun'ichi Tanaka, President of Daimon-ya)

“Daruma” refers to a doll of a monk sitting in Zen meditation and is named after the fact that Bodhidharma, the founder of Chinese Zen Buddhism, attained enlightenment after sitting in Zen meditation facing a wall for 9 years).

It is said that Takasaki Daruma was created about 300 years ago when the Ninth Togoku Osho of Shorinazan Daruma Temple handed down the tradition to Tomogoro Yamagata. A gigantic hair is

drawn on its face to imitate Bodhidharma who came from India. Its face is very auspicious with its upper eyebrow representing a crane and the lower beard representing a turtle. Both sides of its face are colored in gold to bring prosperous business and family well-being. A word “Fukuiri” is written on the belly of this auspicious doll to bring good fortune to anyone holding it in his or her hand. Takasaki is the largest production centre of Daruma dolls and accounts for nearly 80% of the entire domestic production.

Mr. Tanaka kindly demonstrated how the crane eyebrow and turtle beard (the features of Takasaki Daruma) are drawn and each member of the inspection party experienced the tradition by painting the Daruma’s face according to their own fancy.



Conclusion

Upon completion of the study tour of Gunma Prefecture the delegation headed for Narita Airport. An active question and answer session continued en route. Following an active discussion about management of commons and the demographic transition experience in Japan, Ms. Birute Vesaitė MP of Lithuania expressed a word of gratitude on behalf of the European Federation of Parliamentarians (EFP) and expressed her desire to build a stronger partnership among EFP, AFPPD and FAAPPD.

Dr. Peter David Machungwa of Zambia followed by expressing gratitude on behalf of FAAPPD for the fruitful meeting and study tour and added by saying that “The question is what we will do after we return to our countries. It is our responsibility from here on”. All participants

expressed their acknowledgment by applauding.

On the whole, all the participants expressed a positive and satisfactory view on the outcome of this program, stating in the questionnaire that the 3-day study tour helped to improve knowledge to address health and population issues toward sustainable development through community capacity building. Likewise, the study tour participants agreed that the program was properly organised to deepen understanding on population and development issues. Participants were able to learn from JICA development projects in Africa; Gunma Prefectural Government projects; and NGOs and CBOs in Tokyo and Gunma regarding, in particular, Japan's postwar measures to reduce poverty, improve health conditions and address reproductive health. The participants thoroughly enjoyed learning about Japan's community based organisations and Japan's development history and culture.

The participants were equally impressed by the explanations from JOICFP regarding the reproductive health and family planning experience of Japan and JICA's projects in Africa. Ms. Maryamah Nugraha Besoes from Indonesia commented on the survey form that "the visit to JOICFP was very interesting because we learned a lot about how they overcame the problem of population and health (including taking care of mothers and children), and how they cooperate with NGOs". The second day also was successful with a number of participants expressing that learning about TB activities in Japan from the Gunma Prefectural office was the most beneficial part and others referring to the Processing and Marketing Association of Rural Women as the most impressive. On the third day the participants appreciated the visit to the Ikaho Forest Park immensely.

When asked what they learnt from the study tour many of the participants responded that they learned that community involvement as a means for development is important. The MP from Iran Dr. Ahmad Khas Ahmadi metaphorically wrote about what he learnt in that "learning how to fish is better than giving them fish". He also stated that the study tour has motivated him to study more and remember the services of JICA and NGOs.

Many participants were impressed in learning of the Japanese postwar transformation and management of resources and communities. Overall a lot was learnt about Japanese culture and "way of life" in the words of one delegate. Ms. Emma Boona from Uganda said she was impressed by the prefecture and "felt very very welcome in Gunma". 41% of the delegation rated the study tour as excellent and 45 percent stated that it was good.

The issues surrounding Africa are becoming a very compelling problem in today's globalized world. This program effectively demonstrates that utilization of Japan's traditional wisdom is of great use in order to carry out development of Africa.

List of Participants

Member of Parliament

Chad	Mr. Ali Issa Abbas	Coordinator of the Network of Parliamentarians for Population and Development (NPPD) in Chad/ FAAPPD Executive Committee Member
China	Mr. Li Honggui	Member of ESCPH Committee of NPC
Ghana	Ms. Theresa Ameley Tagoe	Chairperson of Ghana Parliamentary Caucus on Population and Development (GPCPD)
India	Dr. Jagannath Mandha	Vice-Chairperson of Indian Association of Parliamentarians on Population and Development (IAPPD)
Indonesia	Ms. Nugraha Besoes Maryamah	Member of Indonesian Forum of Parliamentarians on Population and Development (IFPPD)
Iran	Dr. Ahmad Khas Ahmadi	Chairperson of Iranian Parliament's Population and Development Committee (IRPPDC)
Japan	Dr. Taro Nakayama Mr. Yasuo Fukuda Mr. Yoshio Yatsu Ms. Chieko Nohno Mr. Chiaki Takahashi Mr. Naokazu Takemoto Mr. Shuichi Katoh Mr. Akihiro Nishimura Mr. Kentaro Sonoura Mr. Shinya Ono Mr. Asahiko Mihara Mr. Jun Matsumoto Mr. Hiroshi Imazu	Adviser of APDA/Principal Adviser of JPFP Chairperson of APDA/AFPPD/JPFP Vice-Chairperson of JPFP Vice-Chairperson of JPFP Deputy Secretary-General of JPFP Deputy Executive Director of JPFP Member of JPFP Member of JPFP Member of Japan-AU Parliamentary Friendship League Member of Japan-AU Parliamentary Friendship League Member of Japan-AU Parliamentary Friendship League Member of Japan-AU Parliamentary Friendship League Member of Japan-AU Parliamentary Friendship League

		Friendship League
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	Mr. Tsutomu Sato	Member of Japan-AU Parliamentary Friendship League
	Mr. Tadahiko Ito	Member of Japan-AU Parliamentary Friendship League
	Mr. Tsukasa Akimoto	Member of Japan-AU Parliamentary Friendship League
	Ms. Motoko Hirotsu	Member of Japan-AU Parliamentary Friendship League
	Ms. Hachiro Okonogi	Member of Japan-AU Parliamentary Friendship League
	Mr. Yasutoshi Nishomura	Member of Japan-AU Parliamentary Friendship League
Korea	Dr. Myoung Ock Ahn	Executive Member of Korean Parliamentary League on Children Population and Environment (CPE)
Lithuania	Ms. Birute Vesaitė	Executive Committee Member of European Parliamentary Forum on Population and Development (EPF)
Mongolia	Mr. Avdai Chilkhaajav	Member of Parliament
Nigeria	Ms. Abike Dabiri	Member of Parliament
Pakistan	Dr. Donya Aziz	Parliamentary Secretary Ministry of Population Welfare
Senegal	Mr. El hadji Malik Diop	Member of Parliament
South Africa	Ms. Tovhowani Josephine Tshivhase	FAAPPD Executive Committee Member
Sri Lanka	Mr. Lionel Premasiri	Deputy Minister of Social Services & Social Welfare
Thailand	Mr. Tuang Untachai	Member of Parliament
Tunisia	Ms. Khira Lagha Ben Fadhel	FAAPPD President
Uganda	Dr. Chris Baryomunsi	Member of Parliament
	Ms. Emma Boona	Member of Parliament
Vietnam	Dr. Nguyen Van Tien	Vice-Chairperson of Vietnam Association of Parliamentarians on Population and Development (VAPPD)

Zambia	Dr. Peter David Machungwa	Chairperson of Zambian Parliamentary Network on Population and Development/ FAAPPD Executive Committee Member
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FAAPPD	Mr. Liu Bing Ms. Fatimata Deme	Staff of Foreign Affairs Committee Executive Director a. i.

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Ms. Kayoko Shimizu	Vice-Chairperson of APDA
Dr. Takeshi Horie	President of National Agriculture and Food Research Organization (NARO)
Dr. Hidesuke Shimizu	Honorary Professor of Jikei University School of Medicine

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Mr. Hiromoto Toda	Councillor

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Mr. Yasuo Kon	Chairperson of JOICFP
Mr. Hideyuki Takahashi	Director of Resource Development & Campaign, JOICFP
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Mr. Ryo Otsuka	Embassy of Mongolia
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Mr. Harry S. Jooseery	Executive Director of Partners in Population and Development (PPD)
Ms. Jane Singleton	Chief Executive Officer of Australian Reproductive Health Alliance (ARHA)

Media

Ms. Aiko Doden	NHK
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Ms. Catherine Ancelot

Ms. Yuko Fukuzaki

Ms. Akiko Utsunomiya

AFPPD: Asian Forum of Parliamentarians on Population and Development

APDA: Asian Population and Development Association

ESCPH: Education, Science, Culture and Public Health

FAAPPD: Forum of African and Arab Parliamentarian for Population and Development

JICA: Japan International Cooperation Agency

JOICFP: Japanese Organization for International Cooperation in Family Planning

JFPF: Japan Parliamentarians Federation for Population

UNDP: United Nation Development Programme

